STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64300

2. Name of Corporation OVERLAND SMALL BOAT MOVERS, INC.

3. Street Address Principal Business Office 72 Nichols Road

City N. Kingstown *State* RI *Zip* 02852

4. Business Phone No. 401/

5. State of Incorporation RHODE ISLAND

6. SIC Code 8896

7. Brief Description of the Character of Business Conducted in Rhode Island
boat hauling

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Rowland P. Bowen
Street Address 72 Nichols Road
City N. Kingstown *State* RI *Zip* 02852

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Patricia A. Bowen
Street Address 72 Nichols Road
City N. Kingstown *State* RI *Zip* 02852

Treasurer Name Rowland P. Bowen
Street Address 72 Nichols Road
City N. Kingstown *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Rowland P. Bowen
Street Address 72 Nichols Road
City N. Kingstown *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 SHS NO PAR VAL		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 6 4 3 0 0 *

File Date: 2/15/00

Check No.: 1704

By: DJM

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rowland P. Bowen 2-5-00
Signature of Officer *Date*

Rowland P. Bowen
Print or Type Name of Officer

President
Title of Officer