



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
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 City State Zip
72 Nichols Road N. Kingstown RI 02852
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-885-0960 RHODE ISLAND 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	Vice President Name
Street Address 72 Nichols Road	Street Address
City State Zip N. Kingstown RI 02852	City State Zip
Secretary Name Patricia A. Bowen	Treasurer Name Rowland P. Bowen
Street Address 72 Nichols Road	Street Address 72 Nichols Road
City State Zip N. Kingstown RI 02852	City State Zip N. Kingstown RI 02852

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

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



File Date: Feb 12 99

Check No.: 1536

By: JD nc

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
Signature of Officer Date

Rowland P. Bowen

Print or Type Name of Officer

President

Title of Officer