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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(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 Rd. | City: North Kingstown | State: RI | Zip: 02852

4. Business Phone No.:

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)*

President Name: Rowland P. Bowen
Street Address: 72 Nichols Rd.
City: North Kingstown | State: RI | Zip: 02852

Vice President Name:
Street Address:
City: | State: | Zip:

Secretary Name: Patricia A. Bowen
Street Address: 72 Nichols Rd.
City: North Kingstown | State: RI | Zip: 02852

Treasurer Name: Rowland P. Bowen
Street Address: 72 Nichols Rd.
City: North Kingstown | State: RI | Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Rowland P. Bowen
Street Address: 72 Nichols Rd.
City: North Kingstown | State: RI | Zip: 02852

Director Name:
Street Address:
City: | State: | Zip:

Director Name:
Street Address:
City: | State: | Zip:

Director Name:
Street Address:
City: | State: | Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 SHS NO PAR VAL			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: 3.4.97
Check No.: 1167
By: LP

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 3-3-97
Signature of Officer *Date*

Rowland P. Bowen
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96