

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

## State of Incorporation River Address Phone No. ## Abusiness Phone	Filing Fee: \$50.00 • FA 1. Entity ID No.		ne of the Corporation		•		
## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## State of Incorporation Rill ## Patricia A. Mattera ## Pa	11670	TRAVIS					
### Add 364-7994 Rhode Island Commercial Fishing 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Prederick J. Mattera Street Address 113 Lewiston Avenue City West Kingston RI Q2892 City West Kingston RI Q2892 City State Zip Q2892 City West Kingston RI Q2892 City RI City R	3. Principal office address 113 Lewiston Avenue						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name President Nam	4. Business Phone No. 401 364-7994						
Vice-President Name	•	cter of business	conducted in Rhode Island	1	V = 41 (
Street Address 113 Lewiston Avenue City West Kingston Ril 02892 City West Kingston Ril 02892 Secretary Name Patricia A. Mattera Street Address 113 Lewiston Avenue City West Kingston Ril 02892 Street Address 113 Lewiston Avenue City State Vest Kingston Ril 02892 Street Address 113 Lewiston Avenue City West Kingston Ril 02892 Street Address 113 Lewiston Avenue City West Kingston Ril 02892 Street Address 113 Lewiston Avenue City West Kingston Ril 02892 Street Address 113 Lewiston Avenue City West Kingston Ril 02892 City State Zip West Kingston Ril 02892 City West Kingston Ril 02892 City West Kingston Ril 02892 City State Zip West Kingston Ril 02892 City State Zip West Kingston Ril 02892 City West Kingston Ril 02892 City West Kingston Ril 02892 City Kingston Ril 02892		ES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT)			
113 Lewiston Avenue	President Name Frederick J. Mattera			Patricia A. Mattera			
West Kingston RI 02892 West Kingston RI 02892				113 Lewiston Avenue			
Street Address Stre	West Kingston						
113 Lewiston Avenue	Secretary Name Patricia A. Mattera						
West Kingston RI 02892 West Kingston RI 02892 B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Frederick J. Mattera Street Address Street Address 113 Lewiston Avenue City West Kingston RI 02892 City West Kingston RI 02892 Director Name Director Name Director Name Director Name Street Address Street Addres	Street Address 113 Lewiston Avenue			113 Lewiston Avenue			
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Patricia A. Mattera		MES AND ADD	RESSES) ("X" BOX FOR				
113 Lewiston Avenue City State Zip O2892 West Kingston RI O2892							
West Kingston RI 02892 West Kingston RI 02892 Director Name Dire	113 Lewiston Avenue						
Street Address Street Address Site Address City State Zip City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE State. Changes require an additional filling. See Section 9 of Instruction sheet. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or truste this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and stateme and that all statements contained herein are true and correct. Signature of Authorized Representative Print or Type Name of Authorized Representative							
State Zip City State Zip City State Zip	Director Name			Director Name		·	
SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE 500 Common \$1.00 \$1.00 \$1.00 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. FILED FOR SECRETARY OF STATE USE ONLY OCT 15 2015 Frederick J. Mattera Print or Type Name of Authorized Representative	Street Address			Street Address			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or truster this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Representative Frederick J. Mattera Print or Type Name of Authorized Representative	Dity	State	Zip	City State		Zip	
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File Date this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. FILED Signature of Authorized Representative Date FOR SECRETARY OF STATE USE ONLY OCT 15 2015 Frederick J. Mattera Print or Type Name of Authorized Representative	.,						
FILED FOR SECRETARY OF STATE USE ONLY OCT 15 2015 Frederick J. Mattera Print or Type Name of Authorized Representative	File Date			this report, includir	ng any accompanying	g schedules and statements	
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