

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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	Providence, RI 02903-133 401.222.304
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	6. SIC Code
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(FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 76309 J. C. GREENE FISHING, INC. 3. Street Address Principal Business Office State RI Bristol 115 Aaron Avenue 4. Business Phone No. 5. State of Incorporation (401) 253-8964 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, CPERATE, RUN, AND MANAGE THE BUSINESS OF PROCURING FRESH FISH, SHELLFISH, OTHER OTHI THE SEA.
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JONATHAN C. GREENE JOAN GREENE Street Address Simul Address
115 Aaron Avenue 115 Aaron Avenue ^{Zip} 02809 State 02809 Bristol RI Bristol Secretary Name Treasurer Name CHARLES GREENE JONATHAN C. GREENE Simet Address Street Address 115 Aaron Avenue 115 Aaron Avenue City Clty Bristol RI 02809 RI 02809 Bristol 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JONATHAM C GREENE OBARLES GREENE Street Address Street Address AARON 02809 02809 Director Name JOAN GREENE Street Address Street Address State DZ8-10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE COMM VALDE PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-1-05
Check No.	4469
Ву:	<u>a</u>
1	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.

Signature of Officer

JONATHAN C. GREENE

Print or Type Name of Officer

PRESIDENT

Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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

37

FOR SECRETARY OF STATE USE ONLY

ORPORATION ANNUAL REPORT FOR THE VEAR 2004

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Corporate ID No	2. Name of Corp	orution			
76309	J. C. GREE	NE FISHING, INC.			
Sirect Address Principal Bi	isiness Office	and the second s	Ciry	State	Zip
115 AARON AVENUI	Ξ		BRISTOL	RI	02809
Business Phone No.		5. State of Incorporati	on		6. SIC Code
(401) 253-8964 RHODE ISLAND			D		2246
Brief Description of the Cl.	uracter of Business Co	nducted in Rhode Island			
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HARLES GREENE			JONATHAN C. GREE	ENE	
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ireei Addriss .15 AARON AVENUE			.115 AARON AVENUE	2	
in Auton Avenue	State	Zip	*Cirv	State	Zip
RISTOL	RI	02809	BRISTOL	RI	02809
rees Address 70 PDE 121	1 & 77	***************************************	Street Address	a AVE	
in	State	Zip	*City	State	Zip
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Pirector Name			Director Name		
11 An 154	GX EFUE		:		
CHARLES PROCESS 115 AARO		······································	·Sircei Address		
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BRISTOR	2 I	02809	•		
O. SHARES AUTHOR	IZED ("X" BOX FO	RATTACHMENT)	IL SHARES ISSUED ("X"	BOX FOR ATTACHMENT	
UTHORIZED SHARES		- No. 0.000	ISSUED SHARES		
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1,000 COMMON NO PAR VALUE		1000	COMMON	2000 25	
Note that the second second	and in int to a	har the Dravidant Vice	President, Secretary, Assis	tant Secretary Treasur	rer Receiver or T
ms report must be sig	gnea in ink ny en	ner ine i resident, vice	remem, accreta, y, main	varit dear etary, Treatmi	21, 112, 21, 21, 21, 21, 21, 21, 21, 21,
11 1 6 8 3 1 1 1	E ICCH BORD HON				
	8 ISSI 89 51 8 181				
7 6			Under penalty of per	jury, I declare and affirm th	hat I have examined
7 6	3 0 9		this report, including	jury, I declare and affirm the any accompanying schedule contained herein are true	iles and statements.

JONATHAN C. GREENE Print or Type Name of Officer



(FORM MUST BE TYPED IN BLACK)

76309 DBC2/2/033:09:02 PM

FOR SECRETARY OF STATE USE ONLY

Check No.

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

I. Corporate ID No. 2. Name of Corporation *76309* J. C. GREENE FISHING, INC. 3. Street Address Principal Business Office State Zio 115 AARON AVENUE BRISTOL RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Cixle (401) 253-8964 RHODE ISLAND 2246 7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, OPERATE, RUN, AND MANAGE THE BUSINESS OF PROCURING FRESH PISH, SHELLFISH, OTHER PRODUCTS OF THE SEA. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS. " President Name Vice President Name JONATHAN C. GREENE JOAN GREENE Street Address Sircet Address 115 AARON AVENUE . 115 AARON AVENUE City State City Zin State BRISTOL RΙ BRISTOL 02809 RI 02809 Secretary Name Treasurer Name JONATHAN C. GREENE CHARLES GREENE Street Address * Street Address 115 AARON AVENUE .115 AARON AVENUE City *City State Zin State Zip BRISTOL RI 02809 . BRISTOL RI 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X", BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address · Street Address Zip Cirv State State ·City Zip Director Name Director Name Street Address Sircei Address City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X", BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 1,000 COMM NO PAR VALUE (OM M PAR V 1000 NO This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined

> > Form 630 12/01



Edward S. Inman, III. Secretary of State Cerporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

••••					
PROFIT CORPO			ORT FOR T	HE YEAR <u>2002</u>	STOP PLEASE RIAD INSTRUCTIONS
(FORM MUST BE TYPED IN BLACE	K)				
1. Corporate ID No.	2. Name of Corporation	•			
76309	J. C. GREENE	FISHING, INC.			
3. Street Address Principal Business Op	(fice		City	State	Zip
115 AARON AVENT	UE	S. State of Incorporation	BRISTOL	RI	02809 6. SIC Code
(401) 253-8964 7. Brief Description of the Character of	f Business Conducted in Ri	RHODE ISLAND			2246
TO OWN & MANAGI 8. NAMES AND ADDRESSI Piesideni Name	E THE BUSINES OF THE OFFICE	ESS OF PROCUR RS (*x* box for attach	ING & SELLING MENT) FILL IN SPACE Vice President Name	G FRESH FISH, SH ES BEFORE USING ATTACH	ELLFISH, OTHER
JONATHAN C. GRI	EENE .		JOAN GRI	EENE	
115 AARON AVENU	JE State	Zip	City 115 AARO	ON AVENUE	Zip
BRISTOL Secretary Name	RI.	02809	BRISTOL.	RI	02809
CHARLES GREENE			JONATHAN	N C. GREENE	
115 AARON AVENU	JE State	Zip	city 115 AARO	ON AVENUE	Zip
BRISTOL 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIRECT	02809 FORS (*x* box for attac	BRISTOL CHMENT) FILL IN SPA Director Name	RI ACES BEFORE USING ATTAC	HMENTS 02809
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED	O (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	UE			COMM	NO CAR YALEZ

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



File Date: 2 - 27-02 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.

	C.	Trem 2-25-02
Signature of Officer		Date

Print or Type Name of Officer

JONATHAN C. GREENE

Title of Officer THE STATE STATE

Form 630 12/01

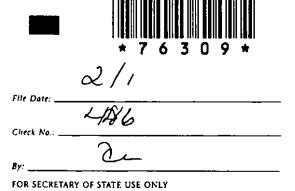
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST	BE TYPED IN BLA	CK)				
1. Corporate ID	^{1 No.} 76309	2. Name of Corporati J. C. GREI	on ENE FISHING, IN	c.		
3. Street Addres	is Principal Business	Office		City	State	Zip
4. Business Pho	115 Aaron <i>F</i> _{Ine No.} (401) 253-8		5. State of Incorporation RHODE ISLAN	Bristol D	RI	02809 6. siç çode 2246
7. Brief Descript TO OV DYOCE 8. NAMES President Name	wn,operat essing fr awbabbres	ses of the offic	manage the bu	ISINESS OF PROCU Prehip of fishir CHMENT FILLINSPACES	uring, obtaini Merokeusing Attacr	
	Jonathan	Greene		Joan Greene	9	
Street Address	115 Aaro	n Avenue		Street Address 115 Aaron A	Avenue	
City	Bristol	State - R I	zip 02809	cay Bristol	State RI	zip 02809
Secretary Name Street Address	Charles			Treasurer Name Jonathan Gr Street Address 115 Aaron A		
City	Bristol	State RI	zip 02809	, cir Bristol	State RI	zip 02809
9. NAMES Director Name . Street Address	AND ADDRESS	SES OF THE DIRE	CTORS ("x" box for at.	TACHMENT) FILL IN SPAC Director Name Street Address	ES BEFORE USING ATTA	CHMENTS
City		State	Zip	Спу	State	Zip
Director Name				Director Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES		O ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACHMENT)	
Number of Shar	res	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	SHS COMM N	O PAR VAL		1,000	Common	NO PAR VALUE

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and systements, and that all statements contained herein are true and correct Signature of Officer <u>Jonathan Greene</u>

Print or Type Name of Officer

President

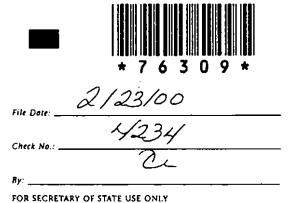
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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(FORM ML	IST BE TYPE	D IN BLAC	κ)					
1. Corporate	76309		2. Name of Corporation J. C. GREE	NE FISHING, INC.				_
3. Street Ad	dress Principal	Business O	ffice		City		State	Zip
	115 A	ARON	AVENUE		BRISTOL		RI	02809
4. Business		253-	8964	S. State of Incorporation RHODE ISLAND				6. SIC Code 2246
	ription of the TO OW PROCE ES AND A	Character o	f Business Conducted in	Rhode Island AND MANAGE TH SHEITHER BY OW ERS ("X" BOX FOR ATTACHN	E BUSINE NERSHIP (1ENT) FILL IN	OF FIS	PROCURING, OB SHING BOATS OR BEFORE USING ATTACH	TAINING & ON OPEN MKT. MENTS
		HAN O	REEN		JOAN	GREEN	1	
Street Addre	rss				Street Address			
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Secretary No	BRIST	OL .	RI.	02809	BRIS	TOL .	RI	02809
		ES GF	REEN			THAN (GREEN	
Street Addre			*******		Street Address			
	115 A	ARON	AVENUE	* 1-	-	AARON	AVENUE State	710
City	BRIST	OT	State "RI	<i>Σιρ</i> 02809	City BRIS	TOT.	RI	<i>zι_Ρ</i> 02809
9. NAMI Director Na	ES AND A			CTORS (*x* BOX FOR ATTAC			ES BEFORE USING ATTAC	
Street Addre	rss				Street Address			
City			State	Zip	City		State	Zip
Director Na			• • •	•	Director Name			
Street Addr	ess				Street Address			
City			State	Zip	City		State	Zip
10. SHA		IORIZED	(*X* BOX FOR ATTA	CHMENT)	11. SHARES	ISSUED (X° BOX FOR ATTACHMENT)	
Number of	Shares		Class/Series	Par Value	Number of Shares		Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

1999

STOP PLASE READ INSTRUCTIONS

FORM MUST BE TYPED IN	BLACK)				
. Corporate ID No. 76309	J.C. GREE	NE FISHING, INC.			
. Street Address Principal Busi	ness Office		City	State	Zip
L15 AARON AVE Business Phone No. (401) 253-896	•	5 HHODE ISL	BRISTOL	RI	02809 6. sic code 2246
Brief Description of the Char PO OWN & MANA	acter of Business Conducted (AGE THE BUSI	n Rhode Island NESS OF PROCU	RING & SELLING	FRESH FISH, SHE	LLFISH, OTHE
NAMES AND ADDI	_	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name JOAN GREENE	S BEFORE USING ATTACH	MENTS
treet Address 115 AARON AVI	ENUE	. ~	Street Address 115 AARON A	VENUE	
BRISTOL	State RI	02809	BRISTOL	state RI	02809
ecretary Name CHARLES GREEN	NE		Treasurer Name JONATHAN C.	GREENE	
treet Address 115 AARON AVI	ENUE		Street Address 115 AARON A	VENUE	
BRISTOL	State RI	02809	BRISTOL	State RI	02809
D. NAMES AND ADDI	ressès of the dir	ECTORS (FX BOX FOR A	TTACHMENT) FILL IN SPA : Director Name	CES BEFORE USING ATTAC	HMENTS
treet Address	- •		Street Address		· ·- ·
City	State	Zip	City) State	Zip
Director Name	······································		Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHOR	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
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AUTHORIZED SHARES	Class/Series	Par Value	· ·		·· · · · · · · · · · · · · · · · · ·
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File Date:	W/W/8,99
Check No.:	90
FOR SECRETAR	Y 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.

Charles & Free 2-15-99
Signature of Officer Date

CHARLES R. GREENE SECRETARYPrint or Type Name of Officer
JONATHAN C. GREENE

Title of Officer
PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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j.	Corpo	nate ID	No			

2. Name of Corporation

76309

J. C. GREENE FISHING, INC.

3. Street Address Principal Business Office

City

State

115 Aaron Avenue 4. Business Phone No.

S. State of Incorporation

RI

02809

6. SIC Code

(401) 253-8964

RHODE ISLAND

2246

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

To manage and own the business of procuring and selling fresh fish, shellfish, 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) and other products of the sea.

President Name

Jonathan C. Greene

Vice President Name

Bristol

Joan Greene

Street Address

115 Aaron Avenue

Street Address

Treasurer Name

115 Aaron Avenue

City

Bristol

State

02809

Bristol

RI

02809

Secretary Name

Street Address

Charles Greene

Jonathan C. Greene Street Address

115 Aaron Avenue

RI

RI

115 Aaron Avenue

City Bristol

02809

Bristol.

RI

02809

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zio

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

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

ISSUED) SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

1

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



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.

CHAKLES Print or Type Name of Officer



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 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 76309 J. C. GREENE FISHING, INC. State ZIP 3. Street Address Principal Business Office 02809 Bristol 115 Aaron Avenue 6. SIC Code 5. State of Incorporation 4. Business Phone No. 2246 **RHODE ISLAND** (401) 253-8964 7. Brief Description of the Character of Business Conducted in Rhode Island To own and manage the business of procuring and selling fresh fish, shellfish, and other 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) (products of the sea. President Name Joan Greene Jonathan C. Greene Street Address Street Address 115 Aaron Avenue 115 Aaron Avenue Zio City 02809 02809 Bristol Bristol Treasurer Name Secretary Name Jonathan C. Greene Charles Greene Street Address Street Address 115 Aaron Avenue 115 Aaron Avenue State RI 02809 02809 **Bristol** Bristol 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Director Name Director Name Street Address Street Address State Zip State 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) ESSUEED STAKES AUTHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Series NONE 1,000 SHS COMM NO PAR VAL COMMON This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 6 3 0 9 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 371-91)	Love July Much 3/3/97
Check No.: 4109	fignature of Officer Date
By:	JONATIFAN GREENE Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title of Officer

PROFIT CORPORATION **ANNUAL REPORT**

1996



State of knode island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

ling Fee: \$50.00		PLEASE TYPE OR	PRINT IN BLACK INK.			
CORPORATE IO NO.	2. NAME OF CORPORATIO	2. RIANCE OF CORPORATION				
76309		. GREENE FISHING				
STREET ADDRESS PRINCIPAL BUSIN	ESS OFFICE		Cm ^y	STATE	ŽIP COD€	
115 Aaron Aveni	ue	5. STATE OF INCORPORATION	Bristol	RI	02809	
BUSINESS PHUNE NO.		RHODE I	SLAND			
<u>(401) 253-8964</u>	TÉR OF BUSINESS CONDUCTED IN RHO	i	.		2246	
To own and mar	nage the busine	ess of procuring a	and selling fresh f	ish,		
shellfish and	other products	of the sea.	ESSES OF THE OF	FICERS		
ESIDENT NAME	· · · · · · · · · · · · · · · · · ·	AWE2 AND ACC.	VICE PRESIDENT NAME		<u>-</u>	
Jonathan Greet	ne		Joan Greene			
			STREET ADDRESS			
115 Aaron Aver	siate state	23P C00E	115 Aaron Avenue	STATE	ZIP COOE	
Bristol	RI	02809	Bristol	RI	02809	
ECRETARÝ NAME			TREASURER NAME			
Charles Greene	<u> </u>		Jonathan Greene			
115 Aaron Aver	nue		115 Aaron Avenue			
ΤΥ	1	ZIP CODE	arv	STATE	ZIP COOE	
Bristol	RI		Bristol Bristol	RI		
RECTOR NAME		· ·	DIRECTOR NAME		<u></u> .	
		STREET ADDRESS				
TREET ADORESS			I STREET ADDRESS			
пү	STATE	ZIP CODE	άπ	STATE	ZIP COOE	
		<u></u>	DIRECTOR NAME			
IRECTOR NAME			DIRECTOR RAME			
TREET ADDRESS	<u> </u>	<u></u>	STREET ADDRESS		***	
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XIV .	STATE	ZIP COD€	∕ απν •	STATE	ZIP CODE	
	1.0	CHARFS AUTHOR	IZED AND ISSUED		<u></u>	
	AUTHORIZED SHARES	~	3	ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MAMBER OF SHARES	CLASS / SERTES	PAR VALUE	
1.000 S	HS COMM NO PAR	VAL	NONE			
2,000						
				-		
			:		1	

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and aff report, including any accompanying sched all statements contained herein are true an	ules and statements, and that
Charles. The	>~ <u> </u>
Signature of Officer	
CHARLES 8.6	XEENE
Print or Type Name of Officer	
GECRETAKY	2-10-96
Title of Officer	Date

File Date:

Check No:

By:

For Secretary of State Use Only



DECODE DETUDNING

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		Annual Report for the year:			
Nome of Companyion	J. C. GREENE F				
Name of Corporation: Business entity organized under the laws of the State of: Rhode Island For foreign entity, address and telephone number of principal office: Phone: (Business Entity is (check one): [x] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
		Brief statement of the character of business conducted in Rhode Island: To_own_and_manage_the_business_of_procuring_ and_selling_fresh_fish, shellfish_and_ other_products_of_the_sea.			
Phone: (401) 253-8964			-		
	TUUN	AMUS OF TO	IE OFFICERS AND	\r	
PRESIDENT	IREN	STREET ADD	IE OFFICERS ARE:	Y/STATE	ZIP CODE.
Jonathan Greene	115 Aaron A	Avenue	Bristol,		02809
VICE PRESIDENT		STREET ADD	RESS CITY	Y/STATE.	ZIP CODE
Joan Greene	115 Aaron A		Bristol,	RI	02809
SECRETARY	115	STREET ADD	(,,,,,	YASTATE	ZIP CODE
Charles Greene	115 Aaron A		Bristol,		02809
Jonathan Greene	115 Aaron A	STREET ADD	RESS CITY Bristol	Y/STATE D.T	71P CODE 02809
			E DIRECTORS ARE:	, KI	——————————————————————————————————————
NAME	IIIE IIA	STREET ADD		Y/STATE	ZIP CODE
None					
NAME	·	STREET ADD	RESS CITY	USTATE	ZIP CODE
NAME		STREET ADD	RESS CITY	Y/STATE	ZJP CODE:
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares Cla	ss / Scries			lass / Series	
1,000 Com	mon	ļ 			
No par value					_
Date	1 19 95	By	Hum Specie		
Com 21 105		PRINT OR TYP	E NAME OF OFFICER SIGNING PUES	ident	
Form 31 1/95		TITLE OF OFF			
	DESIGNATED REGIS	TERED AGE	NT FOR SERVICE OF PRO	CESS.	~

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

THOMAS E. WRIGHT, ESQ. 572 MAIN STREET WARREN RI 02685

FILED MAR 1 6 1995

MAR 1 6 1995 By Ce 2001

WAIVER OF NOTICE

We, the undersigned, being all the Stockholders of J. C. GREENE FISHING, INC., do hereby waive all notice of the annual stockholders' meeting of the corporation, and do consent that the |27/day| of |7/dx|, |19/r|, at |1/r|0 o'clock A.M. be and the same hereby is fixed as the time, and at the office of the corporation as the place for holding the same, and that all such business be transacted thereat as may lawfully come before the meeting.

Dated the 12/1/day of MARCIA, 1992.

MINUTES OF ANNUAL STOCKHOLDERS' MEETING

The meeting was called to order by the President. The Secretary called the roll and announced that all of the stockholders were present.

The Treasurer's report was read and approved. Upon motion duly seconded, it was voted that all business of the corporation transacted during the previous () 2) months is ratified and approved.

Upon vote duly made, the following officers were elected for one year or until their successor is elected and qualified.

President:

Jonathan Greene

Vice President: Secretary:

Joan Greene Charles Greene

Treasurer:

Jonathan Greene

There being no further business to come before the meeting, the meeting was adjourned.

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