



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 72916		2. Name of Corporation C R Fisheries, Inc.			
3. Street Address Principal Business Office 481 A Kingstown Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-782-8777		5. State of Incorporation RHODE ISLAND		6. SIC Code 2245	
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FISHING INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rodman W. Sykes			Vice President Name Christine Sykes		
Street Address P.O. Box 242			Street Address P.O. Box 242		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Secretary Name Christine Sykes			Treasurer Name Rodman W. Sykes		
Street Address P.O. Box 242			Street Address P.O. Box 242		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	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 1-21-05
Check No. 7342
By: S.C.
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.

Rodman W. Sykes 1/21/05
Signature of Officer Date

Rodman W. Sykes
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 72916		2. Name of Corporation C R Fisheries, Inc.			
3. Street Address Principal Business Office 481 A Kingstown Road			City Wakefield	State RI	Zip 02879
4. Business Phone No (401) 782-8777		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FISHING INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rodman W. Sykes			Vice President Name Christine Sykes		
Street Address P.O. Box 242			Street Address P.O. Box 242		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Secretary Name Christine Sykes			Treasurer Name Rodman Sykes		
Street Address P.O. Box 242			Street Address P.O. Box 242		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	Common	No Par Value

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



* 7 2 9 1 6 *

File Date 1-16-04
Check No. 6024
By: [Signature]

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] 1/13/03
Signature of Officer Date
Rodman W. Sykes
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **72916**
2. Name of Corporation **C R Fisheries, Inc.**
3. Street Address Principal Business Office
481A Kingstown Road
4. Business Phone No. **(401) 782-8777**
5. State of Incorporation **RHODE ISLAND**

City **Wakefield** State **RI** Zip **02879**
6. SIC Code **2246**

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

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

President Name **Rodman W. Sykes**
Street Address **P.O. Box 242**
City **Peace Dale** State **RI** Zip **02883-0242**
Secretary Name **Christine Sykes**
Street Address **P.O. Box 242**
City **Peace Dale** State **RI** Zip **02883-0242**

Vice President Name **Christine Sykes**
Street Address **P.O. Box 242**
City **Peace Dale** State **RI** Zip **02883-0242**
Treasurer Name **Rodman W. Sykes**
Street Address **P.O. Box 242**
City **Peace Dale** State **RI** Zip **02883-0242**

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	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: **3.3.03**
Check No.: **6587**
By: **ICP**

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.

Christine A Sykes 2/27/03
Signature of Officer Date
Christine A Sykes
Print or Type Name of Officer
V. President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72916 2. Name of Corporation C R Fisheries, Inc.
3. Street Address Principal Business Office 481A Kingstown Rd. City Wakefield State RI Zip 02879
4. Business Phone No. (401) 782-8777 5. State of Incorporation RHODE ISLAND 6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island Commercial Fishing

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

President Name <u>Rodman W. Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>	Vice President Name <u>Christine Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>
Secretary Name <u>Christine Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>	Treasurer Name <u>Rodman Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par Value

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



* 7 2 9 1 6 *

File Date: 1-11-02
Check No.: 40189
By: [Signature]

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.
Rodman W. Sykes 01/07/02
Signature of Officer Date
Rodman W. Sykes
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72916 2. Name of Corporation C R Fisheries, Inc.

3. Street Address Principal Business Office 481 A Kings town Road City Wakefield State RI Zip 02879
4. Business Phone No. (401) 782-8777 5. State of Incorporation RHODE ISLAND 6. Zip 02879

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

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

President Name <u>Rodman W. Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>	Vice President Name <u>Christine Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>
Secretary Name <u>Christine Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>	Treasurer Name <u>Rodman Sykes</u> Street Address <u>P.O. Box 242</u> City <u>Peace Dale</u> State <u>RI</u> Zip <u>02883</u>

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
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 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No Par Value

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



* 7 2 9 1 6 *

File Date: 1/24

Check No.: 5877

By: [Signature]

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.

Christine G Sykes - 1/23/01
Signature of Officer Date

Christine Sykes
Print or Type Name of Officer

Vice President
Title of Officer



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. **72916** 2. Name of Corporation **C R Fisheries, Inc.**

3. Street Address Principal Business Office **481 A KINGSTOWN ROAD** City **WAKEFIELD** State **RI** Zip **02879**

4. Business Phone No. **(401) 782-8777** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

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

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

President Name RODMAN W. SYKES	Vice President Name CHRISTINE SYKES
Street Address P.O. 242	Street Address P.O. Box 242
City Peace Dale State RI Zip 02883-0242	City Providence State RI Zip 02883-0242
Secretary Name CHRISTINE SYKES	Treasurer Name RODMAN W. SYKES
Street Address P.O. Box 242	Street Address P.O. 242
City Peace Dale State RI Zip 02883-0242	City Peace Dale State RI Zip 02883-0242

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	NO PAR VALUE

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



File Date: _____
Check No.: **5656**
By: **GWA**
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.

Rodman W. Sykes 1/27/00
Signature of Officer Date
RODMAN W SYKES
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **72916** 2. Name of Corporation **C R Fisheries, Inc.**

3. Street Address Principal Business Office **481 A KINGSTON ROAD** City **WARREFIELD** State **RI** Zip **02879**

4. Business Phone No. **(401) 782-8777** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2248**

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

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

President Name RODMAN W. SYKES Street Address P.O. Box 242 City Peace Dale State RI Zip 02883-0242	Vice President Name CHRISTINE SYKES Street Address P.O. Box 242 City Peace Dale State RI Zip 02883-0242
Secretary Name CHRISTINE SYKES Street Address P.O. Box 242 City Peace Dale State RI Zip 02883-0242	Treasurer Name RODMAN W. SYKES Street Address P.O. Box 242 City Peace Dale State RI Zip 02883-0242

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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
600 SHS COMM NO PAR VALUE			200	Common	NO PAR VALUE

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



File Date: **12/30/99**

Check No.: **9340**

By: **[Signature]**

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] **12/30/98**
Signature of Officer Date

RODMAN W. SYKES
Print or Type Name of Officer

PRESIDENT
Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72916** 2. Name of Corporation **C R Fisherles, Inc.**
3. Street Address Principal Business Office **336 MAIN STREET** City **WAKEFIELD** State **RI** Zip **02879**
4. Business Phone No. **(401) 789-5600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RODMAN W. SYKES Street Address P.O. BOX 242 City PEACE DALE State RI Zip 02883	Vice President Name CHRISTINE SYKES Street Address P.O. BOX 242 City PEACE DALE State RI Zip 02883
Secretary Name CHRISTINE SYKES Street Address P.O. BOX 242 City PEACE DALE State RI Zip 02883	Treasurer Name RODMAN W. SYKES Street Address P.O. BOX 242 City PEACE DALE State RI Zip 02882

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
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 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 COMMON NO PAR VALUE

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



File Date: 2/25
Check No.: 1750
By: KID

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.

Rodman W. Sykes 2/18/98
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72916** 2. Name of Corporation **C R Fisheries, Inc.**

3. Street Address Principal Business Office **24 SALT POND RD., UNIT F-2** City **WAKEFIELD** State **RI** Zip **02879**

4. Business Phone No. **(401) 789-5600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RODMAN W. SYKES	Vice President Name CHRISTINE SYKES
Street Address P O BOX 242	Street Address P O BOX 242
City State Zip PEACE DALE RI 02883	City State Zip PEACE DALE RI 02883
Secretary Name CHRISTINE SYKES	Treasurer Name RODMAN W. SYKES
Street Address P O BOX 242	Street Address P O BOX 242
City State Zip PEACE DALE RI 02883	City State Zip PEACE DALE RI 02883

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	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 COMM NO PAR VALUE			200	COMMON	NO PAR VALUE

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



File Date: 2/21/97
Check No.: 5038
By: [Signature]

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] 2/20/97
Signature of Officer Date

RODMAN W. SYKES
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode 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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72916		2. NAME OF CORPORATION C R Fisheries, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 24 SALT POND ROAD, UNIT F-2		CITY WAKEFIELD	STATE RI	ZIP CODE 02879
4. BUSINESS PHONE NO. (401) 789-5600	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 2246	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND COMMERCIAL FISHING				

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME RODMAN W. SYKES		VICE PRESIDENT NAME CHRISTINE SYKES		
STREET ADDRESS P O BOX 242		STREET ADDRESS P O BOX 242		
CITY PEACE DALE	STATE RI	ZIP CODE 02883	CITY PEACE DALE	STATE RI
SECRETARY NAME CHRISTINE SYKES		TREASURER NAME RODMAN W. SYKES		
STREET ADDRESS P O BOX 242		STREET ADDRESS P O BOX 242		
CITY PEACE DALE	STATE RI	ZIP CODE 02883	CITY PEACE DALE	STATE RI

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME		DIRECTOR NAME		
STREET ADDRESS		STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE
DIRECTOR NAME		DIRECTOR NAME		
STREET ADDRESS		STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	COMM NO PAR VALUE		200	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 statements, and that all statements contained herein are true and correct.

File Date:

3/4/96
6085
[Signature]

Check No:

By:

For Secretary of State Use Only

[Signature]
Signature of Officer

Rodman W. Sykes
Print or Type Name of Officer

Pres.
Title of Officer

2/23/96
Date

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: 0072916 Annual Report for the year: 1995 05-0472164

Name of Corporation: C R FISHERIES, INC.
 Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 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:

Commercial Fishing

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
 24 Salt Pond Road Unit F-2
 Wakefield, RI 02879

Phone: (401) 789-5600

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Rodman W. Sykes	P O Box 242, Peace Dale, RI	02883	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Sykes	P O Box 242, Peace Dale, RI	02883	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Sykes	P O Box 242, Peace Dale, RI	02883	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Rodman W. Sykes	P O Box 242, Peace Dale, RI	02883	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	Common	200	Common

Date Feb 21 1995

By: X Rodman W. Sykes

PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

Rodman W. Sykes
 P O Box 242
 Peace Dale, RI 02883

PAID
 APR 24 1995
 TP 4614
 SECRETARY OF STATE

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

Corporate ID: 0072916 Annual Report for the year: 1994

Name of Business Entity: C R FISHERIES, INC.

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone:

Address and telephone of principal office of business entity in Rhode Island:

24 Salt Pond Road Unit F-2
Wakefield, RI 02879

Phone: (401) 789-5600

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Rodman W. Sykes
P O Box 242
Peace Dale, RI 02883

Brief statement of the character of business:
Commercial Fishing

Date of Organization: 6/15/93
Date of Qualification to do business in Rhode Island: 6/15/93

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> Chief Executive Officer or	<input checked="" type="checkbox"/> President	Street Address	City/State	ZipCode
		Rodman W. Sykes, P O Box 242, Peace Dale, RI	02883	
<input type="checkbox"/> Chief Operating Officer or	<input checked="" type="checkbox"/> Vice President	Street Address	City/State	ZipCode
		Christine Sykes, P O Box 242, Peace Dale, RI	02883	
<input type="checkbox"/> Custodian of Records or	<input checked="" type="checkbox"/> Secretary	Street Address	City/State	ZipCode
		Christine Sykes, P O Box 242, Peace Dale, RI	02883	
<input type="checkbox"/> Chief Financial Officer or	<input checked="" type="checkbox"/> Treasurer	Street Address	City/State	ZipCode
		Rodman W. Sykes, P O Box 242, Peace Dale, RI	02883	

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	ZipCode
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NUMBER OF SHARES AUTHORIZED		NUMBER OF SHARES ISSUED & OUTSTANDING	
NUMBER	600	NUMBER	200
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR		PAR VALUE OR	
WITHOUT PAR	No par value	WITHOUT PAR	No par value

Date March 23, 1994 By: Rodman W. Sykes

Form 31 1/94 Orion A. Archenbault, CPA

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Used form #9

Rodman W. Sykes
P O Box 242
Peace Dale, RI 02883

*ML 7/24/94
4246*