

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

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

401.222,3040

## 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. 2. Name of Corporation 128218 G & L Fisheries, Inc. 3. Street Address Prive WAKEFIELD 5. State of Incorporation 2246 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name GREGORY LIST Street Address Secretary Name Treasurer Name Siner Address Street Address Zip9. 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 7.ip City Director Name Street Address Street Address City State Z.ip 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 1,000 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,

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including any accompanying schedules and statements, and that all statements contained herein are true and correct. Title of Office



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

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| PROFIT CORPOR   | ATION AND              | NUAL REPORT                             | FOR THE YEAR                               | 200                     | <u> </u>   |  |  |
|---|------------------------|---|--|-------------------------|--|--|--|
| iling Period: January 1 - Ma  |                        | ig Fee: \$50.00                         |  |                         |  |  |  |
| FORM MUST BE TYPED OR PRINT   | TED IN BLACK)          |   |  |                         |  |  |  |
| . Corporate ID No.  | 2. Name of Corporation |   |  |                         |  |  |  |
| 128218  | G & L Fisheries        | s, Inc.                                 | <u> </u>                                   | State                   | 2.tp   |  |  |
| 361 BROAD H   | TEL WAY                |   | WAKEFIELD                                  | State RI                | 02879  |  |  |
| . Business Phone No.<br>401-486 – J   | 698                    | 5. State of Incorporation  RHODE ISLAND |  |                         | 6. SIC Code<br>2246  |  |  |
| Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY |                        |   |  |                         |  |  |  |
| . NAMES AND ADDRESSES   | OF THE OFFICERS        | 6: ("X" BOX FOR ATTA                    |  | ACES BEFORE USIN        | G ATTACHMENTS  |  |  |
| President Name<br>GREGORY   | 1 6151                 |   | Vice President Name  LAURIE A. LISI        |                         |  |  |  |
| irect Address   |                        | WAY                                     | Sirect Address BROAD HILL WAY              |                         |  |  |  |
| WAKEFIELD   | State RI               | <sup>2.40</sup> 02879                   | CITY WAKEFIELL                             | State RI                | zip 0Z879  |  |  |
| LAURIE A. LISI  |                        |   | Treasurer Name  GREGORY L151               |                         |  |  |  |
| GAI BROA  | D HILL                 | WAY                                     | Street Address BRO                         | AD H144                 | WAY  |  |  |
| WAKEFIELD   | State RI               | Zip 02879                               | City WAKEFIELD                             | State RI                | 7.10 028-79  |  |  |
|   | OF THE DIRECTO         | RS: ("X" BOX FOR ATT                    |  |                         | ING ATTACHMENTS  |  |  |
| NONE  |                        |   | None None                                  |                         |  |  |  |
| Street Address  |                        |   | Street Address                             |                         |  |  |  |
| City  | State                  | Zip                                     | City                                       | State                   | Zip  |  |  |
| Director Name   | .4                     | J                                       | Director Name                              |                         | ••••••   |  |  |
| Sirvet Address  |                        |   | Street Address                             |                         |  |  |  |
| City  | State                  | Zip                                     | City                                       | State                   | Zip  |  |  |
| 10. SHARES AUTHORIZED   | ("X" BOX FOR AT        | TACHMENT)                               | 11. SHARES ISSUED (*)                      | Y BOX FOR ATTAC         | HMENT)   |  |  |
| AUTHORIZED SHARES #   | O NOT _                | ALTEX                                   | ISSUED SHARES                              | Class/Faring            | Par Value  |  |  |
| Number of Shares  | Class/Series           | Par Value                               | Number of Shares                           | Class/Series            | Pit vine   |  |  |
| 1,000 NO PAR VALUE  |                        | ······································  |  |                         |  |  |  |
|   |                        |   |  |                         |  |  |  |
| This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   |                        |   |  |                         |  |  |  |
|   | 2 8 2 1                | <b>        </b><br>8 *                  | Under penalty of perjuincluding any accomp | anying schedules and st | that I have examined this reportational statements, and that all statements. |  |  |

Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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| (FORM MUST BE TYPED OR PRINTED  | IN BLACK)              |                        |  |               |                    |                              |
|---|------------------------|------------------------|--|---------------|--------------------|------------------------------|
| 1. Corporate ID No.   | 2. Name of Corporation |                        |  |               |                    |                              |
| 128218  | G & L Fisheries, I     | nc.                    |  |               |                    |                              |
| 3. Street Address Principal Business Off  |                        |                        | City                                       | Sta           | " <del>-</del>     | Zip                          |
| 22 15 Broad hi<br>4. Bustness Phode No.<br>401 789-57<br>7. Brief Description of the Character of | 923                    | RHODE ISLAND           | waken                                      | Held          | K. J               | 02879<br>6, sic cour<br>2246 |
| Fishing   |                        |                        |  |               |                    |                              |
| 8. NAMES AND ADDRESSE   | S OF THE OFFICER       | S ("X" BOX FOR ATTACHM | IENT) FILL IN S                            | SPACES BEFORE | USING ATTACHMEN    | NTS .                        |
| President Name  |                        |                        | Vice President Nume                        | .4 .          | •                  |                              |
| Sireel Address Ory A. Lis   | s i                    |                        | Street Address                             | e A. Li       |                    |                              |
| 221 Broadh.li   |                        |                        | 221 (                                      | Broadh        | ill way            |                              |
| wake field  | State R.I.             | 02879                  | waketi                                     | stal sta      | RI.                | <sup>zı,</sup><br>02879      |
| Secretary Name  | •                      |                        | Treasurer Name                             | 4             | •                  | •                            |
| Laurie A L  |                        |                        | GIEGOI                                     | 7 R. L.       | ,'5,               |                              |
| 221 Boood h   | ill way                | 1                      | 221 BM                                     | oad hil       | L way              |                              |
| City  |                        | Zip                    | City                                       | Sta<br>↓ _ ↓  | *** <del>***</del> | Zip                          |
| Wallefield  | $R, \mathcal{I}$       | 02877                  | wakef                                      | 12101         | 1< 1               | 02879                        |
| 9. NAMES AND ADDRESSE   | S OF THE DIRECTO       | ORS ("X" BOX FOR ATTAC |  | N SPACES BEFO | RE USING ATTACHM   | ENTS                         |
| Director Name   |                        |                        | Director Name                              | NON           | م                  |                              |
| NON   | ے د                    |                        |  | 10010         | <i>,</i> C         |                              |
| Street Address  |                        |                        | Street Address                             |               |                    |                              |
| City  | State '                | Zip                    | City                                       | Sta           | nte                | Zip                          |
| Director Name   |                        |                        | Director Name                              |               |                    |                              |
| Non   | _ صر                   |                        |  | NOWE          | <u> </u>           |                              |
| Street Address  |                        |                        | Street Address                             |               |                    |                              |
| City  | State                  | Zip                    | City                                       | Sta           | ate                | 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                           | Ci            | ass/Series         | Far Value                    |
| 1,000 NO PAR VALUE  |                        |                        | Non  | e             |                    |                              |

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

|              | * 1 2 8 2 1 8 *       |
|--------------|-----------------------|
| File Date:   | 3-20.03               |
| Check No.: _ | 1007                  |
| Ву:          | de                    |
| FOR SECRETA  | ARY 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 Date

Date

Frint or Type Name of Officer

President

**€**> 5

Form 630 12/02