

Check No.

FOR SECRETARY OF STATE USE ONLY

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

2005

Filing Period: January 1 (FORM MUST BE TYPED OR P.		Filing Fee: \$50.00			
1. Corporate ID No. 67429	2. Name of Gu JESSIE J	iporation IEAN ENTERPRISES, INC.			<del>-</del>
3. Street Address Principal Busine 26 Shannon B	™ <i>ojjic</i> Road		Wakefield	State R I	7th 02879
4. Business Phone No.		5. State of Incorporation			6. SIC Code
783-1565		RHODE ISLANI	<b>)</b>		2246
	LISHING BUSINE	ss to own fishing vesse			
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS
	No 1		Vice President Name		
Michael A. I	onre		None		
26 Shannon R	heo (		Street Address		
City:	State	ZIp	<u> </u>	<del></del> ,	
Wakefield	RI	02879	City	State	Zip
Secretary Name	4		Tressurer Name		
Michael A. Doyle			Michael A. D	0710	
Street Address			Street Address	Oyle	
26 Shannon Road			26 Shannon Road		
City	State	Zip	Gity	State	ZIp
Wakefield	RI	02879	Wakefield	RI	02879
9. NAMES AND ADDRESS	ES OF THE DIRE	ECTORS: ("X" BOX FOR A	• —	SPACES BEFORE US	
			Director Name		
None Street Address		. <u> </u>			
			Street Address		
City	State	Zlp	City	I Same	<del></del>
		, '	•	State	Zip
Director Name	••••	•••••••	Director Name		
	_				
Street Address			Street Address		
City	State	Zιp	City	State	Zip
10 SHAPES AUTHORIZED					
10. SHARES AUTHORIZED AUTHORIZED SHARES	, ( X ROX FOF	RATTACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACH	IMENT) 🗌
Number of Shares	Class/Series	Par Value	ISSUED SHARES	<del></del>	
	Cinavarries	Par vanie	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			200	Common	no par value
			<del>-</del>		<del></del>
This report must be	signed in ink b	y either the President. Vice	President, Secretary, Assistan	N Sagratary T	
•		y emile me tresident, tice i	resident, Secretary, Assistan	it Secretary, Treasurer,	Receiver or Trustee
		INDIA (B)) (BB)			
	io (11111 iodi) <b>(11111</b>				
			Under penalty of perjo	ury, I declare and affirm the	nat I have examined this report
<del></del>		<del></del>	contained begain are a	anying schedules and stat	ements, and that all statement

Michael A. Doyle

Print or Type Name of Officer

President

Title of Officer



State of Rhode Island and Providence Plantations  $Office\ of\ the\ Secretary\ of\ State$  .

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	2004

, Corporate ID No.	2. Name of Corpo	ration			
67429		EAN ENTERPRISES, INC.			
Street Address Principal Business 26 Shannon Roa			Cuy Wakefield	State RI	02879
. Business Phone No. 783–1565		5. State of Incorporation	nn 1		6. SIC Code
<u> </u>		RHODE ISLA	ND		2246
Brief Description of the Character TO ENGAGE IN THE F  NAMES AND ADDRESSES	ISHING BUSINE	SS TO OWN FISHING VES		SPACES BEFORE USING	ATTACHMENTS
Michael A. Doy	le		Vice President Name None		
26 Shannon Roa	d		Street Address		
wakefield	State R I	02879	City	State	Zip
xreary Name Michael A. Doy	·le		Treasurer Name Michael A. D	വെ ക	······
reet Address	<del></del> -		Street Address	Offe	
26 Shannon Roa	<del></del>		26 Shannon R	· · · · · · · · · · · · · · · · · · ·	
Wakefield	RI	02879	City Wakefield	RI	<i>Ζιρ</i> 02879
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name  None			ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	.L	J	Director Name		
urcet Address		<del> </del>	Street Address		
City	State	Zip	City	State	Zip
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACH	 MENI) [
lumber of Shares	Class/Scrics	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE	<del></del>		200	Common	no par valu
This report must be	signed in ink by	v cither the President, Vic	c President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustce
*		9_*	including any accom	rjury, I declare and affirm th	
File Date 1-0-6		_	contained herein are  Muld Signature of Officer	True and correct.	V13/04 Date
Check No.			Michael A		
By:		<del></del>	President	y Opicer	
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer		

Euwara S. Inman, 111, Secretary by 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PA	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpore				
67429		AN ENTERPRISES, INC.			
3. Street Address Principal Busin 26 Shannon	••		cny Wakefield	State R I	71p 02879
4. Business Phone No. 401-783-1565		5. State of Incorporation	nn		6. SIC Code <b>2246</b>
7. Brief Description of the Chard Commercial f:			10		2240
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL, IN SPACES   Vice President Name	BEFORE USING ATTA	CHMENTS
Michael A. Do	oyle		None Street Address		
26 Shannon Ro	oad				
City	State	ZIp	City	State	ZIP
Wakefield	RI	02879			
Secretary Name			Treasurer Name	•	•
Michael A. Do	-		Michael A. Street Address	Doyle	
26 Shannon Ro	oad		26 Shannon	Road	
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
9. NAMES AND ADDR Director Name None	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	•
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 AUTHORI AUTHORIZED SHARES	ZED (*X* BOX FOR ATT	AGHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	 (T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

200



**400 NO PAR VALUE** 

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.

Common

that all statements contained never are true and correct.

Michael A. Doyle

Print or Type Name of Officer

President

Title of Officer

Signature of Officer

Form 630 12/02

no par value

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

67429

4. Business Phone No.

JESSIE JEAN ENTERPRISES, INC.

3. Street Address Principal Business Office

26 Shannon Road

5. State of Incorporation

State

Zip

City

RI

02879 6. SIC Code

401-783-1565

**RHODE ISLAND** 

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

Vice President Name

Wakefield

Michael A. Doyle

Street Address

None Street Address

26 Shannon Road

Stote

Wakefield Secretary Name

RI

State

02879

Treasurer Name

Michael A. Doyle Street Address

26 Shannon Road

City

City

Michael A. Doyle Street Address

26 Shannon Road

ZIp

Wakefield

ŔΙ

State

02879

Wakefield

RΙ

02879

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

None

Street Address

Street Address

State

ZIp

Director Name

Director Name

Street Address

Street Address

ZID

City

City

State

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

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

ISSUED SHARES

200

Class/Series

Par Value

**400 NO PAR VALUE** 

Number of Shares

Common

No par

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



1-22-02 File Date:

Check No .: .

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.

Michael A. Doyle Print or Type Name of Officer

President

Title of Officer

Ferm 630 12/01

FOR SECRETARY OF STATE USE ONLY

**₹**> 5

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 BLACK)

I.	Corporate	ID No.
	•	67429

2. Name of Corporation
JESSIE JEAN ENTERPRISES, INC.

3. Stree	et Address Principal Business	Office —		City	State	Zip
	26 Shannon R	oad		Wakefield	RI	02879
4. Busi	ness Phone No.		S. State of Incorporation	Wakerield	IV I	
	401-783-1565		RHODE ISLAND			6. 22 <b>46</b>
2. Briej	Description of the Character	of Business Conducted	in Rhode Island			
	commercial f	ishing				
8. N		_	ICERS ("X" BOX FOR ATTACHN	(ENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
	Michael A. D	ovle		None		
Street A		,		Street Address		
	26 Shannon R	oad				
City		State	Zip	City	State	Zip
	Wakefield	RI	02879	·		···r
Secreta	ry Name		•	Treasurer Name		•
Street A	Michael A. D	oyle		Michael A. I	Doyle	
	26 Shannon R	oad		Street Address 26 Shannon F	Road	
City		State	Zip	Ciry	State	· Zip
	Wakefield	RI	02879	Wakefield	RI	02879
Directo		SES OF THE DIR	ECTORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	-
Street A				Street Address		
City		State	Zip	City	State	Zip
Director	r Name			Director Name		
Street A	ddress			Street Address		
City		State	Zip	City	State	Žip
	HARES AUTHORIZEE	) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMEN	(T)
	of Shares	Class/Series	Par Value			

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

200



400 SHS NO PAR VALUE

File Date:	1/18	
Check No.:	2509	
By:	de	
FOR SECRETA	RY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have commined this report, including any accompanying schedules and subtrements, and that all statements contained herein are true had correct

Common

mul	A	11	1/15/01	
Signature of Officer		$\overline{\nu}$	Bate /	

This		VI		1/15/01	
Signature of Officer			$\nu$	Date	
Michael	Α.	Dovle			

•	Print or Type Name of Officer	·	
	President		
	Title of Officer		

No par value

I. Corporate ID No.

67429

3. Street Address Principal Business Office

2. Name of Corporation

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

Zip

State

JESSIE JEAN ENTERPRISES, INC.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)



26 Shannon 4. Business Phone No.		5. State of Incorporat	Wakefield	RI	02879 6. SIC Code
401-783-150 7. Brief Description of the $0$	55 Character of Business Conducted	RHODE ISLA In Rhode Island	IND		2246
COMMETCIAL  8. NAMES AND AL  President Name	fishing ODRESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTAC	HMENTS
Michael A. Street Address	Doyle:		none Street Address		
26 Shannon					
City	State	Zip	City	State	Zip
Wakefield Secretary Name	. RI	02879	Treasurer Name		
Michael A. Street Address	Doyle		Michael A. D	oyle	
26 Shannon	Road		26 Shannon R	oad	
City	State	Zip	City	State	Zip
Wakefield  9. NAMES AND AD  Director Name	RI PDRESSES OF THE DIR	02879 ECTORS (*X* BOX FOR )	Wakefield ATTACHMENT) FILL IN SPACI	R I es before using atta	02879 ACHMENTS
None 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 AUTHO	DRIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHMENT.	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO P	AR 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

	* 6 7 4 2 9 *
ille Date:	1/3/00
heck No.:	2327
	2
Ву:	
OR 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 hegein are true and correct.

Michael A. Doyle

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	OP \
PLEASE	READ
INVERLE	11077

(FORM MUST BE TYPED IN					
1. Corporate ID No.	2. Name of Corpor			^	•
67429 ,		AN ENTERPRISES,	INC.		*
3. Street Address Principal Busi 26 Shanno			Wakefield	State · · · RI	02879
4. Business Phone No. 401 – 783 – 1	565	S. State of Incorporation		· · · · · · · · · · · · · · · · · · ·	6. SIC Code 2246
7. Brief Description of the Char COMMETCIA		In Rhode Island	<del></del>		
8. NAMES AND ADDE	RESSES OF THE OF	ICERS ("X" BOX FOR ATT	ACHMENT) [ FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name			Vice President Name	· · · · · · · · · · · · · · · · · ·	
Michael A	. Doyle		none		
Street Address 26 Shannor	n Road	,	Street Address		
Wakefield	State RI	02879	City	State	Zip
Secretary Name		~ · · · · · · · · · · · · · · · · · · ·	: Treasurer Name	_	
Michael A	. Doyle		Michael A. Do	yle	
Street Address 26 Shannoi	n Road	**************************************	Street Address 26 Shannon Ro	ad	<del>-                                    </del>
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
9. NAMES AND ADDI	ESSES OF THE DIF	ECTORS ("X" BOX FOR A	TTACHMENT) 🖵 FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
none					
Street Address	,		Street Address		
City :	State	Zip	City	State	Zip
Director Name	*************	······	* Director Name	••••••••••••	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address	<del></del>	
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED CY' BOY FOR AT	TACHMENT	11 CHAPES ISSUED (	"X" BOX FOR ATTACHMENT	17:
AUTHORIZED SHARES	ELD I X BOX TOX XI	INCHMENTY 1	ISSUED SHARES	A BOX FOR ATTACHMENT	<del>/ }</del>
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
	The A GREE			0.000,00000	
400 SHS NO PAR	VALUE	*	200	common	no par val
<del></del>	· · · · · · · · · · · · · · · · · · ·			 	
This report must be si	igned in ink by eit	her the President, Vic	e President, Secretary, Assi	istant Secret <mark>ary, Treas</mark> u	irer, Receiver or Truste

		•	Under penalty of perjury, I declare and affirm that I have examined
ile Date:	PAID (10 2 1658) MAR 0 1 1999		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  My J C J C S 7
heck No.:			Signature of Officer  Date  Date
y:	SEC'Y OF STATE		Print or Type Name of Officer
OR SECRETAI	RY OF STATE USE ONLY	. •	The of Officer

james k. Langevin, Secretary of State Corporations Division 100 North Main Street,-Providence, RI 02903-1335

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

(FORM MUST BE TYPED IN BLACK)

1	Cor	parate	m	No

2. Name of Corporation

67429

JESSIE JEAN ENTERPRISES, INC.

3. Street Address Principal Business Office

26 SHANNON ROAD

RI

02879

4. Business Phone No.

5. State of Incorporation

783-1565 (401)

#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

MICHAEL A. DOYLE

Vice President Name

WAKEFIELD

MICHAEL A. DOYLE

26 SHANNON ROAD

Street Address 26 SHANNON ROAD

Street Addre 26 SHANNON ROAD

City WAKEFIELD

RT

State RI

Zip 02879 Cliy WAKEFIELD

RÍ

<sup>zi</sup>102879

Secretary Name MICHAEL A DOYLE

Street Address 26 SHANNON ROAD

Treasurer Name MICHAEL A DOYLE

02879

CHYWAKEFIELD

RI

Zip 02879

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

Director Nam MICHAEL A. DOYLE

WAKEFIELD

Director Name

Street Address 26 SAHNNON ROAD

WAKEFIELD

Street Address

City

State

Zip

Director Name

City

02879 RI

Director Name

Street Address

Street Address

State

210

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESSUED SHARE'S

Number of Shares

Class/Series

Par Value

**400 SHS NO PAR VALUE** 

NONE

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

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.

fames 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)

1. Corporate ID No.

2. Name of Corporation

67429

JESSIE JEAN ENTERPRISES, INC.

3. Street .	Address Principal Business (	Office				City		State		Zip	
	26 SHANNON RO	DAD				WAKI	EFIELD	I	RI	•	02879
4. Busine	ss Phone No. (401) 783 <b>–1</b> 56	<b>.</b> 5			nte of Incorporation HODE ISLAND						Code 46
7. Brief D	Description of the Character  COMMERCIAL F	of Busine		hode islar	ad						
	MES AND ADDRESS	SES OF	THE OFFICE	ers (*x	BOX FOR ATTACHM						
President	··•	OVIE				Vice Presiden		D017 F			
Street Add	MICHAEL A. D	OILE				Street Addres	ICHAEL A.	DOILE	:		
	26 SHANNON R	OAD			•		, 6 SHANNON	ROAD	•		
City	WAKEFIELD	State	RI	Zip	02879	City	AKEFIELD	State	RI	Zip	02879
Secretary	Name		•			Treasurer Na	me .		• • • • • • • • • • • • • • • • • • • •	•	•
	MICHAEL A. D	OYLE	•			M	ICHAEL A.	DOYLE			
Street Adi	fress					Street Addres	s				
	26 SHANNON R	OAD				2	6 SHANNON	ROAD			
City	WAKEFIELD	State	RI	ZIP	02879	City W	AKEFIELD	State	RI	Zip	02879
9. NAN	MES AND ADDRESS	ES OF	THE DIRECT	rors (	"X" BOX FOR ATTAC	HMENT)		. 4			
Director 1						Director Nan	ie	•	,		•
	MICHAEL A. D	OYLE			·			: .			•
Street Add	26 SHANNON R	OAD				Street Addres	·				
City	WAKEFIELD	State	RI	Zip	02879	City		State		Zip	
Director N	iame				•	Director Nam	e				
Street Ada	dress					Street Addres	s				
City		State		Zip		City		State		Zip	
10. SH	ARES AUTHORIZEI	) AND	ISSUED (*X*	BOX FO	R ATTACHMENT)						
AUTHORIZ	ED SHARES					ISSUED SHARE	s				
Number o	f Shares	Class	/Series	Par V	alue	Number of St	iares	Class/	'Series	Par Va	due
400	SHS NO PAR VA	LUE				_ NO	NE				

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

	* 6 7 4 2 9 *
Flle Date:	2/27/97
Check No.:	3951
Ву:	CON DEC
FOR SECRETARY	OF STATE USE ONLY

Under penalty of per	Jury, I declare and	$f affirm\ that\ I\ have\ m{\epsilon}$	examined
his report, including	g any accompanyi	ng schedules and sta	tements, and
hat all statements co			
M. 1	c al	2/2/	/ 
ilgnature of Officer	2 1017	Date	
Miche	. / A ,	Dorl.	
rint or Type Name of Off		70	
Promis	4		
Itle of Officer	·· <del>-</del> · -	- <del>-</del>	

#### **ANNUAL REPORT**

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



emiliant i conscion a come con-James R. Langevin, Secretary of State

Corporations Division

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

1. CORPORATE ID NO.	2. NAME OF CORPORATION		PRINT IN BLACK INK.		
67429	JESS	IE JEAN ENTERPRI	SES. INC.		
3 STREET ADDRESS PRINCIPAL BUSINESS	OFFICE		an an	SIATE	∑2° C00Ε
26 SHANNON R	ROAD		WAKEFIELD	RI	02879
(401) 783-15		S STATE OF INCORPORATION RHODE I	SLAND		6. Sic Cooe 2246
COMMERCIAL F		DE ISLAND		<del> </del>	
PRESIDENT NAME MICHAEL A. D		AMES AND ADDE	RESSES OF THE OF WICE PRESIDENT NAME  MICHAE	FFICERS AEL A. DOYLE	
TREET ADDRESS 26 SHANNON R	OAD	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS 26 S1	HANNON ROAD	<del></del>
WAKEFIELD	STATE RI	ZP CO0€ 02879	WAKE	STATE FIELD RI	72° 000€ 02879
MICHAEL A. D	OYLE		TREASURER MANS  MICHA STREET ADDRESS	AEL A. DOYLE	
26 SHANNON R	OAD	ZP COOE	26 SI	IANNON ROAD	
WAKEFIELD	RI	02879	WAKE	STATE FIELD RI	7P COOLE 02879
MICHAEL A. D		AMES AND ADDR	ESSES OF THE DI	RECTORS	
reet address 26 Shannon Ri	OAD		STREET ADORESS	<del></del>	
WAKEFIELD	STATE	др соов 02879	air	STATE	ZIP C000€
PRECTOR NAME			OFFECTOR NAME		
TREET ADDRESS			STREET ADDRESS		
	SIATE	ZIP COOE	CITY	STATE	an soort
· · · · · · · · · · · · · · · · · · ·	1 0 S AUTHORIZED SHARES	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	**************************************
MUMBER OF SHARES	CLASS / SERIES	PAR VALLE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
400 SHS NO	PAR VALUE		NONE		
<del></del>			·		
•	<del></del>		,		
Proc	Th	is report must be SIG	NED IN INK by either th	e	
1165	ndent, vide Fresio	iem, Secretary, Assist	tant Secretary, Treasurer,		

File Date: Check No: Ву:

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 sprregt.

Print or Type Name of Officer

EDD1131 11ME

Business entity organized under the laws of the State of: RI

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.

Name of Corporation: JESSIE JEAN ENTERPRISES, INC.

Michael A. Doyle 26 Shannon Road Wakefield, RI 02879

Corporate ID: 67429 Annual Report for the years 1995 05-0464304

Business Entity is (check one):

MILLE

APR 2 6 1995

For foreign entity, address and telephone number of principal of	fice: [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	Ċ			
Phone: ( ) Address and telephone of the principal office of business entity i Island (Provide street address - Not P.O. Box):	in Rhode Commercial Fishing				
26 Shannon Road Wakefield, RI 02879					
Phone: (401) 783-1565					
THE	NAMES OF THE OFFICERS ARE:				
PRESIDENT		CODE			
Michael A. Doyle, 26 Shannon	Road, Wakefield, RI 02879 CITY/STATE ZIP	3C02			
Michael A. Doyle, 26 Shannon	STREET ADDRESS CHITISTATE ZE	COSE			
<u>Michael A. Doyle, 26 Shannon</u>	Road, Wakefield, RI 02879	PCODE			
Michael A. Doyle, 26 Shannon	Road, Wakefield, RI 02879 NAMES OF THE DIRECTORS ARE:				
NAME	STREET ADDRESS CITY/STATE ZIE	PCODÉ			
Michael A. Doyle, 26 Shannon	Road, Wakefield, RI 02879 CITY/STATE ZIF	PCODE			
NAMÉ	STREET ADDRESS CITY/STATE ZIE	PCCDE			
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	ed)			
Number of Shares Class / Series	Number of Shares Class / Series				
400 Common	Common				
Date <sup>1</sup> 4/12 .19 55	By: Mull G Agyl				
Form 31 1.95	PRINT OR TYPE NAME OF OFFICER SIGNING President				
	GISTERED AGENT FOR SERVICE OF PROCESS:				
PLEASE NOTE: If the registered office and/or registered age					

## 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: 67429 Annual Report for the year: 1994 Name of Business Entity: JESSIE JEAN ENTERPRISES, INC. Business Entity is (check one): Business entity organized under the laws of the State of: RIFederal Taxpayer Identification Number: [X] Business Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Limbility Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom communications may be directed: Michael A. Doyle, President 26 Shannon Road Phone: Wakefield, RI 02879 Address and telephone of principal office of business enity in Rhode Island: Brief statement of the character of business: Commercial Fishing 26 Shannon Road Wakefield, RI 02879 2/12/92 02/14/92mnc Date of Organization: (401) 783-1565 Date of Qualification to do business in Rhode Island: 2/13/93 THE NAMES OF THE OFFICERS ARE: [ ] Chief Executive Officer or [X] President Street Address City/S City/State ZipCode Michael A. Doyle, 26 Shannon Road, Wakefield, RI 02879 C ] Chief Operating Officer or [X] Vice President Street Address City/Sta Michael A. Doyle, 26 Shannon Road, Wakefield, RI 02879 City/State ZipCode Cli Custodian of Records or [X] Secretary Street Address City/St Michael A. Doyle, 26 Shannon Road, Wakefield, RI 02879 City/State ZipCode [ ] Chief Financial Officer or [X] Tressurer Street Address City/State ZipCode Michael A. Doyle, 26 Shannon Road, Wakefield, RI 02879 THE NAMES OF THE DIRECTORS ARE: \_\_\_\_\_ Street Address City/State Michael A. Doyle, 26 Shannon Road, Wakefield, RI 02879 NUMBER OF SHARES ISSUED & OUTSTANDING NUMBER OF SHARES AUTHORIZED ----FILED NUMBER NUMBER 400 MAR 3 0 1994 Common CLASS CLASS Common SERIES SERIES PAR VALUE OR PAR VALUE OR WITHOUT PAR No par value WITHOUT PAR No par value , 1954 By: + Mel C Dol Form 31 1/94 Orian A. Archambault, CPA \_\_\_\_\_ DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

104673.

To be filed annually between January 1st and March 1st

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

# CORPORATION DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 Annual Report for the year 1993

Corporate ID 67429	•	Annual Report for the year 1993
FIRST: The name of t	the corporatio	on is <u>JESSIE JEAN ENTERPRISES, INC.</u>
SECOND: It is incorp	porated under	the laws of Rhode Island
	business brie	efly stated: <u>Commercial Fishing</u>
	<i>)</i>	address of its principal office:
FIFTH: Business add	cess in Rhode	Island 26 Shannon Road
Wakefield, RI 02879		
SIXTH: Names and add	dresses of its	s directors and officers:
Name	Office	Address (number, street, zip code)
Michael A. Doyle	Director	26 Shannon Rd., Wakefield, RI
Michael A. Doyle Michael A. Doyle Michael A. Doyle Michael A. Doyle	President Vice Pres. Secretary Treasurer	. same
SEVENTH: Number of S	Shares authori	ized: Par Value or statement that shares are without
No. of Shares	Class	r Series par value
400	Common	MAY 1 8 1993 No par value
EIGHTH: Number of Si	nares i	SEC'Y OF STATE Par Value or statement
No. of Shares	Clr	that shares are without Series par value
	Common	No par value
Dated February 18,	_ 199 <u>3</u> _	JESSIE JEAN ENTERPRISES, INC (Name of Corporation)  By Much C Day
(Report must be signe	ed by an offic	cer) Title Plant