



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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71236		2. Name of Corporation MISS FRANCES, INC.			
3. Street Address Principal Business Office 133 OLD TOWER HILL RD		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 4017890217		5. State of Incorporation RHODE ISLAND		6. SIC Code 2246	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A CHARTER FISHING BOAT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Blount		Vice President Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Secretary Name Christine Blount		Treasurer Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
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 Christine Blount		Director Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
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			100	Common	No Par

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



7 1 2 3 6

\*71236 DBC 02/25/05 02:52:13 PM\*

File Date MAR 10 2006

Check No. 371372

By: Chris

FOR SECRETARY OF STATE USE ONLY Chris

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 Blount 3/7/05  
Signature of Officer Date

Christine Blount  
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. 71236		2. Name of Corporation MISS FRANCES, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND		6. SIC Code 2246	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A CHARTER FISHING BOAT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Blount		Vice President Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Secretary Name Christine Blount		Treasurer Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
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 Christine Blount		Director Name Francis W. Blount, Jr.			
Street Address PO Box 3724		Street Address PO Box 3724			
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	Common	0.

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



\* 7 1 2 3 6 \*

File Date	3/15/04
Check No.	1292
By:	us.
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 Blount 1/31/04  
Signature of Officer Date  
Christine Blount  
Print or Type Name of Officer  
secretary  
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. <b>71236</b>		2. Name of Corporation <b>MISS FRANCES, INC.</b>			
3. Street Address Principal Business Office <b>133 Old Tower Hill Road</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
4. Business Phone No. <b>789-0217</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2246</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To own and operate a charter fishing boat</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Christine Blount</b>		Vice President Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
Secretary Name <b>Christine Blount</b>		Treasurer Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>Christine Blount</b>		Director Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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
<b>600 COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 1 2 3 6 \*

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: **2/14/03**  
Check No.: **1265**  
By: **[Signature]**  
FOR SECRETARY OF STATE USE ONLY

**Christine Blount** **2/10/03**  
Signature of Officer Date  
**Christine Blount**  
Print or Type Name of Officer  
**secretary**  
Title of Officer  
Form 630 12/02



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

LAWRENCE 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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

71236 MISS FRANCES, INC.

3. Street Address Principal Business Office

133 Old Tower Hill Road

City

Wakefield

State

RI

Zip

02879

4. Business Phone No.

789-0217

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2246

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

To own and operate a charter fishing boat

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

President Name

Christine Blount

Vice President Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

Street Address

PO Box 3724

City

Peace Dale

State

RI

Zip

02880

City

Peace Dale

State

RI

Zip

02880

Secretary Name

Christine Blount

Treasurer Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

Street Address

PO Box 3724

City

Peace Dale

State

RI

Zip

02880

City

Peace Dale

State

RI

Zip

02880

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

Director Name

Christine Blount

Director Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

Street Address

PO Box 3724

City

Peace Dale

State

RI

Zip

02880

City

Peace Dale

State

RI

Zip

02880

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



\* 7 1 2 3 6 \*

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:

1-23-02

1208

Check No.:

2

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

5

Form 630 12/01



AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

JAMES H. LANGEVIN, Secretary of State  
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)

1. Corporate ID No. 71236 2. Name of Corporation MISS FRANCES, INC.  
3. Street Address Principal Business Office 133 Old Tower Hill Road City Wakefield State RI Zip 02879  
4. Business Phone No. 789-0217 5. State of Incorporation Rhode Island 6. SIC Code

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

To own and operate a charter fishing boat

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

President Name

Christine Blount

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

Secretary Name

Christine Blount

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

Vice President Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

Treasurer Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

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

Director Name

Christine Blount

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

Director Name

Director Name

Francis W. Blount, Jr.

Street Address

PO Box 3724

City Peace Dale State RI Zip 02880

Director Name

Street Address

Street Address

City Peace Dale State RI Zip 02880

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

100 Common No Par

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: 4-13-01

Check No.: 1168

By: CB

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Christine Blount

Print or Type Name of Officer

President

Title of Officer

Date

**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. **71236** 2. Name of Corporation **MISS FRANCES, INC.**

3. Street Address Principal Business Office

**133 Old Tower Hill Road**

City

**Wakefield**

State

**RI**

Zip

**02879**

4. Business Phone No.

**789-0217**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**2246**

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

**To own and operate a charter fishing boat**

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

President Name

**Christine Blount**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

Secretary Name

**Christine Blount**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

Vice President Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

Treasurer Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

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

Director Name

**Christine Blount**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

Director Name

Director Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

State

Zip

**Peace Dale RI 02880**

Director Name

Street Address

City

State

Zip

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

**100**

**Common**

**No Par**

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



\* 7 1 2 3 6 \*

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

**2/14/00**

Check No.

**1129**

By:

**C**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

**Christine Blount**

Date

**2/07/00**

Print or Type Name of Officer

**Blount president**



AND PROVIDENCE PLANTATIONS  
Office of the 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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>71236</b>		2. Name of Corporation <b>MISS FRANCES, INC.</b>			
3. Street Address Principal Business Office <b>133 Old Tower Hill Road</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
4. Business Phone No. <b>789-0217</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2246</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To own and operate a charter fishing boat</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Christine Blount</b>		Vice President Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
Secretary Name <b>Christine Blount</b>		Treasurer Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Christine Blount</b>		Director Name <b>Francis W. Blount, Jr.</b>			
Street Address <b>PO Box 3724</b>		Street Address <b>PO Box 3724</b>			
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02880</b>
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
<b>600 SHS COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 1 2 3 6 \*

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: **Feb 3, 99**

Check No.: **1069**

By: **JD**

FOR SECRETARY OF STATE USE ONLY

**Christine Blount** 1/31/99  
Signature of Officer Date

**Christine Blount**  
Print or Type Name of Officer

**president**  
Title of Officer



AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

JAMES A. LUNGEVIN, 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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

2. Name of Corporation

**71238**

**MISS FRANCES, INC.**

3. Street Address Principal Business Office

**133 Old Tower Hill Road**

City

**Wakefield**

State

**RI**

Zip

**02879**

4. Business Phone No.

**789-0217**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**2246**

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

**To own and operate a charter fishing boat**

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

President Name

**Christine Blount**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

Vice President Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

Secretary Name

**Christine Blount**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

Treasurer Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

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

Director Name

**Christine Blount**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

Director Name

**Francis W. Blount, Jr.**

Street Address

**PO Box 3724**

City

**Peace Dale**

State

**RI**

Zip

**02883**

Director Name

Street Address

City

State

Zip

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

**100**

**Common**

**No Par**

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



\* 7 1 2 3 6 \*

File Date:

Check No.:

By:

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

Print or Type Name of Officer

Title of Officer

Date





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

James H. 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. **71236** 2. Name of Corporation **MISS FRANCES, INC.**  
3. Street Address Principal Business Office  
**133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **401-789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To own and operate a charter fishing boat**

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

President Name	Vice President Name
<b>Christine Blount</b>	<b>Francis W. Blount, Jr.</b>
Street Address	Street Address
<b>PO Box 3724</b>	<b>PO Box 3724</b>
City	City
<b>P. Dale</b>	<b>P. Dale</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02883</b>	Zip <b>02883</b>

Secretary Name	Treasurer Name
<b>Christine Blount</b>	<b>Francis W. Blount, Jr.</b>
Street Address	Street Address
<b>PO Box 3724</b>	<b>PO Box 3724</b>
City	City
<b>P. Dale</b>	<b>P. Dale</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02883</b>	Zip <b>02883</b>

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

Director Name	Director Name
<b>Christine Blount</b>	<b>Francis W. Blount, Jr.</b>
Street Address	Street Address
<b>PO Box 3724</b>	<b>PO Box 3724</b>
City	City
<b>P. Dale</b>	<b>P. Dale</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02883</b>	Zip <b>02883</b>

**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
<b>600 SHS COMM NO PAR VALUE</b>			<b>600</b>	<b>Common</b>	<b>No Par</b>

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



File Date: **2/19/97**  
Check No.: **1019**  
By: **ECB / JLC**  
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: **Christine Blount** Date: **2/18/97**  
Print or Type Name of Officer: **Christine Blount**  
Title of Officer: **president**

# ANNUAL REPORT

1990



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. 71236		2. NAME OF CORPORATION MISS FRANCES, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 133 Old Tower Hill Road		CITY Wakefield	STATE RI
4. BUSINESS PHONE NO. (401) 789-0217		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02879
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To own and operate a charter fishing boat			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Christine Blount		VICE PRESIDENT NAME Francis W. Blount, Jr.	
STREET ADDRESS PO Box 3724		STREET ADDRESS PO Box 3724	
CITY P. Dale	STATE RI	CITY P. Dale	STATE RI
ZIP CODE 02883		ZIP CODE 02883	
SECRETARY NAME Christine Blount		TREASURER NAME Francis W. Blount, Jr.	
STREET ADDRESS PO Box 3724		STREET ADDRESS PO Box 3724	
CITY P. Dale	STATE RI	CITY P. Dale	STATE RI
ZIP CODE 02883		ZIP CODE 02883	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Christine Blount		DIRECTOR NAME Francis W. Blount, Jr.	
STREET ADDRESS PO Box 3724		STREET ADDRESS PO Box 3724	
CITY P. Dale	STATE RI	CITY P. Dale	STATE RI
ZIP CODE 02883		ZIP CODE 02883	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

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			600	Common	No Par

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: 2/14/90	Signature of Officer: Christine Blount
Check No: 9640	Print or Type Name of Officer: Christine Blount
By: cc / vp	Title of Officer: secretary
For Secretary of State Use Only	Date: 2/13/90

DETACH BOTTOM BEFORE RETURNING



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

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: 0071236

Annual Report for the year: 1995

Name of Corporation: MISS FRANCES, INC.

Business entity organized under the laws of the State of: Rhode Island

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)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

133 Old Tower Hill Road

Wakefield, RI 02879

Brief statement of the character of business conducted in Rhode Island:

To own and operate a charter  
fishing boat

Phone: (401) 789-0217

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Blount	PO Box 3724, Peace Dale, RI	02883	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Blount	Same as above		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Blount, Jr.	Same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Blount	Same as above		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Blount	PO Box 3724, Peace Dale, RI	02883	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Blount, Jr.	Same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600 Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

600 Common

Date February 7, 1995

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

**FILED**

FEB 13 1995

By: 19104

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE OR PRINT  
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

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0071236 Annual Report for the year: 1994

Name of Business Entity: LORNA ERPENBECK, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

133 Old Tower Hill Road  
Wakefield, RI 02879

Phone: (401) 789-0217

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

Christine Blount, President  
PO Box 3724

Peace Dale, RI 02883

Brief statement of the character of business conducted in Rhode Island.

To own and operate a charter  
fishing boat

Date of Organization: February 1, 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Christine Blount	PO Box 3724, Peace Dale, RI	02883	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
Lorna Erpenbeck	106 Nepaug Road, Narragansett, RI	02882	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Francis Blount, Jr.	PO Box 3724, Peace Dale, RI	02883	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
Christine Blount	PO Box 3724, Peace Dale, RI	02883	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Christine Blount	PO Box 3724, Peace Dale, RI	02883	
Lorna Erpenbeck	106 Nepaug Road, Narragansett, RI	02882	

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR No Par Value

Date December 6, 19 94

By LORNA ERPENBECK, INC.

Francis W. Blount, Jr.  
PRINT OR TYPE NAME OF OFFICER SIGNING  
SECRETARY  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 2 must be filed.

101 3513103