

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

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PROFIT CORPOR	RATION, ANNUAL	REPORT FOR T	HEYEAR 2005

2. Name of Corpo		Y	101 11 111	*!!;* ;
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	5. State of Incorporati	<u> </u>		6. SIC Code
			,	2246
				
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		Vice President Name		
	····		unt, Jr. 	
State	Zip		State	Zip
RI	02883	Peace Dale	RI	02883
		Treasurer Name		
		Francis W. Blow	unt, Jr.	
		Street Address		
		.PO Box 3724		
State	Zip	City	State	Zip
~!	02883	.Peace Dale	RI	02883
ESSES OF THE DIR	ECTORS ("X" BOX FOR	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
		Francis W. Blo	unt, Jr.	
		Street Address		
		PO Box 3724		
State	Zip	City	State	Zip
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o Card in the	_	Chuste	ne Blant	- 3/7/05 Date
	State RI State RI	State of Incorporation RHODE ISLAN RHODE ISLAN RATER FISHING BOAT. ESSES OF THE OFFICERS ("X" BOX FOR A DESSES OF THE DIRECTORS ("X" BOX FOR A DESSES OF THE DESSES OF THE DIRECTORS ("X" BOX FOR A DESSES OF THE DIRECTORS ("X" BOX FOR A DESSES OF THE DESSES OF	State Zip State Zip RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SI State Zip City RI Dabas Peace Dale Director Name Street Address Po Box 3724 State Zip City IL SHARES ISSUED ("X" BOX FOR ATTACHMENT) II. SHARES ISSUED ("X" BOX FOR A	State Zip City State City State City State City State City City



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

Matthew A. Brown, Secretary of State

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2004

71236	2 Name of Comp				
3. Street Address Principal Business	~		City	State	<i>Ζίρ</i> 02879
133 Old Tower 4. Business Phone No.	ніці коас	5. State of Incorporatio	Wakefield	RI	6. SIC Code
789-0217					
7 Brief Description of the Characte TO OWN AND OPERAT	r of Business Conducti E A CHARTER FI		1		2246
8. NAMES AND ADDRESSE	S OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [] FILL IN SE	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	llaunt 7m	
Christine Blow	unt		Francis W. B	Tount, Jr.	
Street Address PO Box 3724			Street Address PO Box 3724		
^{City} Peace Dale	State RI	02883	City Peace Dale	State RI	^{z_{ip}} 02883
Secretary Name Christine Blov	unt		Treasurer Name Francis W. E	Blount, Jr.	
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale	State RI	02883	City Peace Dale	State RI	^Z 02883
9. NAMES AND ADDRESSE	S OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Christine Blo	unt		Director Name Francis W. Blo	ount, Jr.	
Sircei Address PO Box 3724			Street Address PO Box 3724		
City Dollar	State	2(p	City Dala	State RI	7.1p 02883
Peace Dale	RI	02883	Peace Dale		
Director Name			Director Name		
Street Address			Street Address		
City	State	Z.íp	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR	 ATTACHMENT) [X" BOX FOR ATTACH!	 MENT) [
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 3/15/04	coptained herein are true and correct. (ILLATICAL Flowert 1/31/02/ Suprigravity of Officer
Check No. 1292	Chastine Bourt
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer SUCRETURY
	Title of Officer Form 630 Rev. 12/03

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

STOP
PLEASE READ
INSTRUCTIONS

Filling Period: Januar	y 1-March 1 • 1	Filling Fee: \$50.00	OKI TOK THE		PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED OR PRIN 1. Carporate ID No.	TED IN BLACK) 2. Name of Corporatio	ਸ਼			
71236	MISS FRANCE	ES, INC.			
3. Street Address Principal Busines	s Office		City	State	Zip
133 Old Tower 4. Business Phone No.	Hill Road	5. State of Incorporation	Wakefield	RI	02879 6. SIC Code
789-0217 7. Brief Description of the Charact To own and ope	· ·	RHODE ISLAND Rhode Island ter fishing bo	oat		2246
8. NAMES AND ADDRE President Name			MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	HMENTS
Christine Blow Street Address PO Box 3724	unt		Francis W. B. Street Address PO Box 3724	lount, Jr.	
Peace Dale	State RI	^{Zip} 02880	Peace Dale	State RI	02880
Secretary Name Christine Blos Street Address	unt		Francis W. B Street Address	lount, Jr.	
PO Box 3724			PO Box 3724	. .	71-
City	State	Zip	City	State	<i>շւր</i> 02880
Peace Dale 9. NAMES AND ADDRE Director Name	RI SSES OF THE DIREC	02880 CTORS (*X* BOX FOR ATTA	Peace Dale CHMENT) FILL IN SPACES Director Name	RI S BEFORE USING ATTA	
Christine Blo Street Address	unt		Francis W. B	lount, Jr.	
PO Box 3724			PO Box 3724	Pa-a-	71-
Peace Dale Director Name	State RI	02880	Peace Dale Director Name	State RI	02880
Street Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained begin are true and correct.

	2/14/03
- Alexander	ייוה אייוה
Check No.:	1265
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Ву:	
FOR SECRETARY OF STATE USE ONLY	1 7

Signature of Officer Date

Chn Shne Blount
Print or Type Name of Officer

Form 630 12/02



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

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PROFIT COR		ANNUAL REI Filing Fee: \$50.00	PORT FOR TH	ie year <u>20</u> 0	02 PLEASE INSTRUC
FORM MUST BE TYPED IN B	LACK)				
. Corporate ID No.	2. Name of Corporation	on — · · · ·	· · · -		
71236	MISS FRANC	ES, INC.			
. Street Address Principal Busine	ss Office		City	State	Zip
133 Old Tower	Hill Road		Wakefield	RI	02879
. Business Phone No.		S. State of Incorporation			6. SIC Code
789-0217		RHODE ISLAND			2246
. Brief Description of the Charac	ter of Business Conducted In	Rhode Island			
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_		CERS ("X" BOX FOR ATTACE		S BEFORE USING ATTA	CHMENTS
Christine Blo	unt		Francis W.	Blount, Jr.	
PO Box 3724			PO Box 3724	1	
lity	State	Zip	City	State	Zip
Peace Dale	RI	02880	Peace Dale	RI	02880
Christine Blo	unt		Francis W.	Blount, Jr.	
PO Box 3724			PO Box 372	1	
lty	State	Zip	City	State	Zip
Peace Dale	RI	02880	Peace Dale	RI	02880
	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATT	TACHMENTS
Christine Blo	unt		Francis W.	Blount, Jr.	
treet Address			Street Address	•	
PO Box 3724			PO Box 372	4	
lity	State	Zip	City	State	Zip
Peace Dale	RT	02880	Peace Dale	RI	02880

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Class/Series

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

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

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City

Director Name

Number of Shares

Class/Series Par Value

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Zip

600 COMM NO PAR VALUE

Director Name

AUTHORIZED SHARES

Number of Shares

100

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

	1-23-62	that all statements contained herein are true and correct.
de Date:	1208	Signature of Officer Date
Oheck No.;	Ze	Print or Type Name of Officer
	DF STATE USE ONLY	Title of Differen

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN B		, and a second	•		INSTRUCTIONS
1. Corporate ID No.	2. Name of Corporat				_
71236 3. Street Address Principal Busin	MISS F	RANCES, INC.			
133 Old Tower			City	State	zip
4. Business Phone No.	. HIII KOAU	5. State of Incorporati	Wakefield	RI	02879
789-0217		Rhode			6. SIC Code
7. Brief Description of the Charac	cter of Business Conducted in	Rhode Island	ISTAIIG		
To own and or			boat		
8. NAMES AND ADDRI	ESSES OF THE OFFI	CERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS -
Christine Blo	ount.		Vice President Name	ound To	
Street Address			Francis W. Bl	lount, Jr.	
PO Box 3724			: PO Box 3724		
City	State	Zip	City	1 State	· Zip -
Peace Dale	RI	02880	Peace Dale	RI	02880
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Treasurer Name		······································
Christine Blo	unt		Francis W. Bl	ount, Jr.	
PO Box 3724			PO Box 3724		
City	State	Zip	City	State	
Peace Dale	RI	02880	Peace Dale	RI) Zip
9. NAMES AND ADDRE			TCGCC DGTC	RA CHENDE HEINO ATT	02880
Director Name			Director Name	2 DEFORE USING AT I	ACHMENIS -
Christine Blo Street Address	unt		Francis W. B	lount, Jr.	
PO Box 3724			PO Box 3724		
City	State	Zip	City	State -	Zip
Peace Dale Director Name	RI	02880	Peace Dale	RI	02880
Street Address			Street Address		-
CI.					
City	State	Zip	City	State	' Zip
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l'his report must be sign	n ed in ink by eithe	r the President Vic	e President, Secretary, Assis	tont Constant Trans	
	, , , , , , , , , , , , , , , , , , , ,	· ····································	e Freshdelle, Secretary, Assis	tanti secretary, ireasi	urer, Receiver or Trustee
			Under penalty of peri	ury, I declare and affirm	n that I have examined
11	12 11		this report, including	any accompanying sch ntained herein are true	edules and statements, and
File Date:	<u> 13-01 </u>			maned nevern are true	and correct.
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FOR SECRETARY OF STATE USE	ONLY		priedunt	<u> </u>	
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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Time Terrou: Junuar	y 1-march 1 •	Filing Fee: \$50,00			
(FORM MUST-BE TYPED.IN BL	ACK)				T. Marie
1. Corporate ID No. 71236	2. Name of Corporate MISS FRANC		e e e la fe r e la cesta.	Y x &	*****
3. Street Address Principal Busines	s Office		City	State	= (-
133 Old Tower 4. Business Phone No.	Hill Road	5. State of Incorporation	Wakefield	RI	02879
789-0217 7. Brief Description of the Characti	er of Business Conducted in	RHODE ISLAND			6. SIC Code 2246
To own and ope			na t		
8. NAMES AND ADDRES President Name	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH		EFORE USING ATTAC	HMENTS
Christine Blou Street Address	int		Francis W. E	lount, Jr.	
PO Box 3724	State	Zip	PO Box 3724	Para	
Peace Dale Secretary Name	RI	02880	Peace Dale	State RI	21p 02880
Christine Blou	int		Francis W. B	lount, Jr.	
PO Box 3724	State	-	PO Box 3724		
Peace Dale	RI	zip 02880	City	State	Zip
9. NAMES AND ADDRES Director Name			Peace Dale CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTA	02880 CHMENTS
Christine Blou	nt		Francis W. B	lount, Jr.	
PO Box 3724	State	Zip	PO Box 3724	•	
Peace Dale	RI	02880	Peace Dale	State RI	02880
treet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZED SHARES	D (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COMM NO F	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



* / 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
File Date:	that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date 115 Time Blown + Winter Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer J Resident

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

State of Incorporation RHODE ISLAND 789-0217 7899-0217 28thef 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 Francis W. Blount, Jr. Street Address PO_BOX_3724 City State Christine_Blount Francis W. Blount, Jr. 2ip City State Christine_Blount Francis W. Blount, Jr. 2ip Concern Name Christine_Blount Francis W. Blount, Jr. Street Address PO_BOX_3724 City Street Address PO_BOX_3724 City Street Address PO_BOX_3724 City Peace Dale RI O2880 Peace Dale RI O2880 Peace Dale RI O28 PO_BOX_3724 City Street Address PO_BOX_3724 City Francis W. Blount, Jr. Street Address PO_BOX_3724 City Peace Dale RI O2880 Peace Dale RI O28 City State City State City State Christine_Blount Francis W. Blount, Jr. 1 Street Address Director Name Christine_Blount Francis W. Blount, Jr. 1 Street Address PO_BOX_3724 City State Address PO_BOX_3724 City State Address PO_BOX_3724 PO_BOX_3724 City State Address Street Address Street Address PO_BOX_3724 City State Address PO_BOX_3724 City State Address Street Address PO_BOX_3724 City State Address PO_BOX_3724 City State Address Street Address PO_BOX_3724 City State Address Street Address PO_BOX_3724 City State Address PO_BOX_3724 City State Address Street Address Street Address PO_BOX_3724 City State Address Street Address Street Address Street Address Street Address Street Address Street Addre	itess Principal Business Office City City Wakefield RI 02879 Control of Incorporation RHODE ISLAND City Wakefield RI 02879 Control of Incorporation RI 02879 Control of Incorporation RI 02879 Control of Incorporation RI 02880 Peace Dale RI 02880 Peace Dale RI 02880 South City Dale RI 02880 Peace Dale RI 02880
133 Old Tower_Hill Road 4. Business Phone No. 789-0217 7. Birl Operigition 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 INSPACES BEFORE USING ATTACHMENTS President Name Christine Blount Street Address PO_BOX_3724 City Peace_Dale RI 02880 Peace_Dale RI 02	Old Tower_Hill_Road Phone No. Shall of Incorporation Phone No. Shall of
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To own and operate a charter fishing boat Note of the Choracter of Business Conducted in Rhode Island To own and operate a charter fishing boat Note of the Charter fishing b	riplion of the Character of Business Conducted in Rhode Island and operate a_charter fishing_boat SAND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Wite Fresident Name Francis W. Blount, Jr. Street Address PO_BOX_3724 PO_BOX_3724 Incomplete Plant
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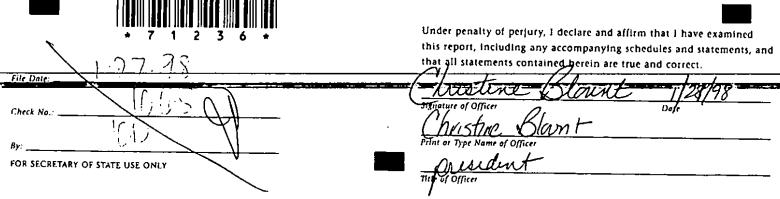
Corporations Division
100 North Main Street, Providence, RI 02903-1335

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 71236 MISS FRANCES, INC. 3. Street Address Principal Business Office 133 Old Tower Hill Road Wakefield RI 02879 4. Business Phone No. S. State of Incorporation 6. SIC Code 789-0217 RHODE ISLAND 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 Christine Blount Francis W. Blount, Jr. Street Address Street Address PO Box 3724 PO Box 3724 City State State Peace Dale RI 02883 Peace Dale RI 02883 Secretary Name Treasurer Name Christine Blount Francis W. Blount, Jr. Street Address Street Address PO Box 3724 PO Box 3724 City City State Peace Dale RI 02883 Peace Dale RI 02883 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Christine Blount Francis W. Blount, Jr. Street Address Street Address PO Box 3724 PO Box 3724 State City State Peace Dale RI 02883 Peace Dale RI 02883 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 ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Volue 600 SHS 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



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

PROFIT CORPORATION ANNUAL REPORT 1997

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



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71236 ·	MISS FRAN		•	•		
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Christine Bl	lount	· -		rancis W.	Blount, Jr	•
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Christine Bl	lount		: E Street Add		Blount, Jr	•
PO Box 3724	State	Zip	City	O Box 372	4 State	Zip
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ed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Check No.:	019 10
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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.

ignature of Officer	0.	
Christine	Blount	
<u>_ ////////////////////////////////////</u>	200000	

Title of Officer

ANNUAL REPORT

James R. Langevin, Secretary of State Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Pectod: January 1-March 1

Filing Fee: \$50.00

Check No:

For Secretary of State Use Only

Ву:

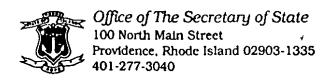
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	ver Hill Roa		Wakefield	STATE RI	0 2 8 7 9	
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Pre	The esident, Vice President	is report must be SIG lent, Secretary, Assist	NED IN INK by either the ant Secretary, Treasurer, I	Receiver or Trustee		
			report, including a	perjury, I declare and al ny accompanying sched Itained herein are true ar	firm that I have examined this dules and statements, and that nd correct.	
File Date: 221	4/96		Muste	ne Stone	xt-	

Title of Officer **DETACH BOTTOM BEFORE RETURNING**

Signature of Officer

Print or Type Name of Officer

2/13/9(e Date FORM 31 12/95



Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

Corporate ID: 0071236	_ Annual Report for the year:	
Name of Corporation MISS FRANCES, INC.		
Name of Corporation: MISS FRANCES, INC. Business entity organized under the laws of the State of: Rhode Islar	nd Business Entity is (check one):	
For foreign entity, address and telephone number of principal office:	[XX] Business Corporation (See RIGL Chapter 7-1.1)	
	Professional Service Corporation (See RIGL Chapt	er 7-5.1)
		•
	Brief statement of the character of business conducted in	Rhode Island:
Phone: ()	To own and operate a char	ter
Address and telephone of the principal office of business entity in Rhode	fishing boat	
Island (Provide street address - Not P.O. Box): 133 Old Tower Hill Road		
Wakefield, RI 02879		
Phone: (401) 789-0217		
THE NAMES OF	THE OFFICERS ARE:	
	ADDRESS CITY/STATE	ZIP CODE
Christine Blount PO Box 3724, Peac	ce Dale, RI 02883	
	ADDRESS CTTY/STATE	ZIP CODE
Francis W. Blount Same as above		75.000
Francis W. Blount, Jr. Same as above	ADDRESS CITY/STATE	ZJP CODE
	ADDRESS CITY/STATE	ZJP CODE
Christine Blount Same as above		
	THE DIRECTORS ARE:	
Christine Blount PO Box 3724, F	ADDRESS CITYSTATE Peace Dale, RI 02883	ZIP CODE
	ADDRESS CITYSTATE	ZZP CODE
Franics W. Blount, Jr. Same as above		
NAME STREET	ADDRESS CTTY/STATE	ZIP CODE
<u> </u>		<u> </u>
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider r	nay be attached)
Number of Shares Class / Series	Number of Shares Class / Series	
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Echman 7	Maritin Klant	
Date February 7 , 19 95 By:	HARISTINE Flow	
PRINT O	R TYPE HALLE OF OFFICER SIGNING	
TITLE 01	F OFFICER SIGNING	
DESIGNATED REGISTERED A	GENT FOR SERVICE OF PROCESS:	
PLEASE NOTE: If the registered office and/or registered agent indicated bel	low is incorrect, Form 9 must be filed.	
		

FEB 1 3 1995 By MA 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

0071236 Corporate ID. _ Annual Report for the year Name of Business Entity: LORNA ERPENBECK, INC. Business Entity is (check one): Business entity organized under the laws of the State of: Rhode Island [X] Business Corporation (See RIGI Chapter 7-1-1) Federal Taxpayer Identification Number [] Professional Service Corporation (See RIGL Chapter 7-5 1) [] Limited Liability Company (Sed 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. Christine Blount, President PO Box 3724 Phone: (Peace Dale, RI 02883 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island. 133 Old Tower Hill Road To own and operate a charter Wakefield, RI 02879 fishing boat Date of Organization February 1, 1993 . ----Phone (401) 789-0217 Date of Qualification to do business in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: ☐ CHEF EXECUTIVE DEFICER OR X PRESIDENT (CNex One) ZIP COCK PO Box 3724, Peace Dale, RI 02883 Christine Blount ZIP CODE 🗔 CHERT OPERATING OFFICER OR 🐴 VICTOPRES 106 Nepaug Road, Narragansett, RI 02882 Lorna Erpenbeck

Costoblanders ords on X secretary STREET ADDRESS ZIP CODE PO Box 3724, Peace Dale, RI 02883 Francis Blount, Jr. CHIEF FINANCIAL OFFICE'S OR 🔣 TREASURER STREET ACCURESS ZERCODE PO Box 3724, Peace Dale, RI 02883 Christine Blount THE NAMES OF THE DIRECTORS ARE: NAME - - - - -ZIP CODE PO Box 3724, Peace Dale, RI 02883 Christine Blount Z.P CCDS STREET ADDRESS 106 Nepaug Road, Narragansett, RI 02882 Lorna Erpenbeck STREET ADDRESS NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER NUMBER 100 600 CLASS CLASS Common Common SERIES SERIES PAR VALUE OR PAR VALUE OR No ParVValue No Par Value WITHOUT PAR WITHOUT PAR December 6 .19_94 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 1.L.C.3 must be filed.

1023513/13