

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 IN BL		Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation	1 . 1/	*	<del></del>	
62746	<i> RI</i> .	SH VENTUR	ee, Inc.		
3. Street Address Principal Busine.	is Office		City	State	Zip
84 FYONT	Street	1	NEW BUFORD	MA	02740
4. Business Phone No.	14~.	5. State of Incorporation			6. SIC Code
7. Brief Description of the Charact	14+6	1 MASS	achusetts		2216
<b></b>					
COMMES AND ADDRESS		shing		<del></del>	
rresideni Name 🚄	. /		(CHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
DETER	MULLEI	$\boldsymbol{\mathcal{U}}$	PETER MI	ULLEN	
Street Address	. 0		Street Address	/ 1	
	x Lane		· 16 Séa Fo	X Lane.	
City C7LOUCESTER Secretary Name	State MA	01930	City CTLOUCESTER Treasurer Name	State MA	2ip .0.1.930
JULIA	MULLER	V	JULIA	MULLEN	
Street Address	P		* Street Address	0	<del>-</del>
16 Sea rox	Lane	·y'	: 16 Sea Fo	x Lane	
CILDUC ESTER	State MA	Zip 01930	: C1LOUCESTER	e State MA	<sup>Zip</sup> 01930.
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT)   FILENIN SPAC	ES BEFORE USING ATT	ACHMENTS
Director Name  DETER A	LULLEN		Director Name JUIIA M	ULLEN	
	OX Lone	?	Sireei Address: 16 Sea FOX		
CILOURESTER	State MA	Zip 01930	·CIN GLOUCESTEN	State MA	Zip 01930.
Director Name NOME	· · · · · · · · · · · · · · · · · · ·		Director Name	NE ·	
Street Address		· <del>- ·</del>	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>	<del>-,,</del>
City	State	Zip	·Ciry	State	Ζίρ
		<u>l</u> .	•		
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	II. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Vahie	Number of Shares	Class/Series	Par Value
600 COMM	NO PAR	Value	100	COMMON	NO PAR
This report must be signed	in ink hy aither th	a Pracidant Vica Dra	rident Constant Assistant	1 4 C	
· ···· · · · · · · · · · · · · · · · ·	in ink by either in	c i resident, rice i re	siaeni, secretary, Assistan	i secreiary, ireasurer,	Keceiver or Irusiee
		(	Under penalty of perjury,	I declare and affirm that	I have examined
<del></del>		)	and that all statements on	accompanying schedules	and statements,

File Date 11005

Check No. 13191

By: 10.

FOR SECRETARY OF STATE USE ONLY

Under penulty of perjury, I declare and affirm that I is this report, including any accompanying schedules as and that all statements contained herein are true and	nd sta	itement	∞d :s,
Signature of Officer Date	1	7	04
Paul or Type Name of Officer			
TREASURER.		Form	630 12/0



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED					
1. Carporate 1D No.	2. Name of Corpora	tion			
	<u>46   Irish</u>	<u>Venture,_Ir</u>	nc.		
3. Street Address Principal	Business Office		City	State	Zip
84	Eront_Street		New_Bedford_	<u>_</u> _MA	027/0
4. Business Phone No		5. State of Incorpora	ation	1,1V <del></del>	
	283 1476	Massachu	ısetts		2246
7. Brief Description of the	Character of Business Condi	icted in Rhode Island			
Com	mercial Fish	ing			
8. NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT)   FILL IN SP	ACES BEFORE USING AT	TACHMENTS
rresident Name		• • • •	Vice President Name		
	er Mullen		.Peter Muller	<b>1</b>	
Street Address 16	Sea Fox Lane		Street Address		
			∙16 Sea Fox I	Lane	
City	State	Zip	Ciry	State	Zip
Gloucester.	, , , , МА, , , , , , ,	. 01930	:Gloucester	MA	0.1.9.30
Secretary Name			Treasurer Name		
Jul	ia_Mullen		<u>Julia Muller</u>	1	
Street Address			Street Address		·
	Sea Fox Lane		:16 Sea Fox I	ane	
City	State	Zip	City	State	Zip
_Gloucester	MA	01 <u>9</u> 30	Gloucester	MA	01930
9. NAMES AND ADDE	RESSES OF THE DIRE	CTORS ("X" BOX FO	OR ATTACHMENT) TELL IN	SPACES BEFORE USING A	TTACHMENTS
INITECTOR Name			Director Name		
Pe.t.e	er_Mullen	·	Julia Muller Street Address	1	_
Street Address	0 5 .				•
	Sea Fox Lane		:16 Sea Fox L	Lane	
City	State	Zip	•Ciry	State	Zip
Gloucester.	MA	01930	Gloucester	MA	01 930
Director Name			* Director Name		
None	e		None		
Street Address			Street Address		
City	State				
Cuin		Zip	.City	State	Zip
10 CHADEC APPROX	1777				
AUTHORIZED SHARES	RIZED ("X" BOX FOR A	TTACHMENT)		C BOX FOR ATTACHMENT	n 🗆 🔭 📑
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
	110000		Trimet by Shares	Cluss/Series	rar raine
600 COMM	NO PAR VALUE	Ε	100	Common	No Par
				COMMOT	NO PAT
This report must be <b>si</b>	gned in ink by either	the President, Vice	President, Secretary, Assis	stant Secretary, Treasu	rer, Receiver or Trustee
Appel					
			Finder negative of one	rjury, I declare and affirm t	hat I have examined
			this report, including	g any accompanying schedu	iles and statements
		$\neg$	and that all state from	its contained herein are true	e and correct.
1-7-	, nu .		(), 1	1////	, /12 /201
File Date	<u> </u>		Hulla	Muller	/ 1/12/04
110	105		Signature of Officer	D	ate /
Check No		1	Julia Mull	an	•
. 11.			Print or Type Name of		<del></del>

Treasurer Title of Officer

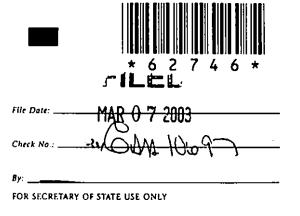
Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP
PIEASE READ
INSTRUCTIONS

FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
62746	Irish Ventur	e, Inc.			
3. Street Address Principal Busines:	s Office		City	State	Zip
84 Front Stre	et		New Bedford	MA	02740
4. Business Phone No.		5. State of Incorporation	on		6. SIC Code
978 283 1476 7. Brief Description of the Characte	er of Business Conducted	MASSACHUS In Rhode Island	ETTS		2246
Commercial Fi 8. NAMES AND ADDRES		ICERS ("X" BOX FOR ATT		BEFORE USING ATTA	CHMENTS
President Name Peter Mullen			Vice President Name Peter Mullen		
Street Address 16 Sea Fox La	ane		16 Sea Fox Lar	ne	
Gloucester	State MA	<sup>21p</sup> 01930	Gloucester	State MA	01930
Secretary Name Julia Mul	len		Treasurer Name Julia Mullen		
Street Address	_		Street Address		
16 Sea Fo	x Lane		16 Sea Fox La	ne	
City	State	Zip	City	State	Zip
Glouceste	r MA	01930	Gloucester	MA	01930
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A		ES BEFORE USING AT	TACHMENTS
Director Name Peter Mul	lon		Director Name		
	rren		Julia Mullen		
Street Address 16 Sea Fo	x Lane		Street Address		
	•		16 Sea Fox Lar		
Glouceste	State M.A.:	zip 01930	City	State	ZIp 01020
•	er MA	. 01930	Gloucester	MA	01930
Director Name	.,		Director Name None		
	None				
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for at	TACHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHME	(TV)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
600 COMM NO PAR VAL	.UE		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 hereign are true and correct.

Signaffre of Officer Date Date

Julia Mullen
Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 12/02

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

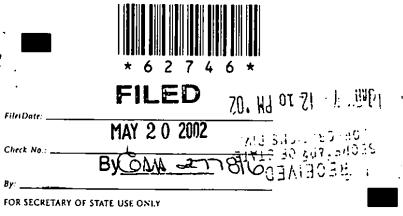
#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January .	1-March 1 •	Filing Fee: \$50.00	1	<del>- "</del>	INSTRU
(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporati	ion —			-
62746	Irish Venture	, Inc.			
3. Street Address Principal Business ()	Office		City	State	Zip
84 Front Street			New Bedford	MA	02740
4. Business Phone No. 978 283 7. Brief Description of the Character o	1476 of Business Conducted in	5. State of Incorporation  MASSACHUS  Rhade Island			6. SIC Code 2246
Commercial Fishing 8. NAMES AND ADDRESS			ACHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Peter Mullen Street Addiess 16 Seafox Lane			Peter Mullen Street Address		
	_		16 Seafox Lane		
City Gloucester	State MA	C <b>!9</b> 30	City	State 244	Zip
Secretary Name Julia Mullen	ν μ.	CF930	Gloucester Treasurer Name Julia Mullen	AFT	01930
Street Address 16 Seafox Lane			Street Address 16 Seafox Lane		
Gloucester	State	Zip	City	State	Zip
	MA	01930	Gloucester	MA	01930
9. NAMES AND ADDRESS: Director Name	ES OF THE DIRE	CTORS (*X* BOX FOR A	ITTACHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	TACHMENTS
Peter Mullen Greet Addiess			Julia Mullen Street Address		
l6 Seafox Lane			16 Seafox Lane		
City	State	Zip	City	State	ZIp
Gloucester Director Name	MA .	01930	Gloucester Director Name	MA	01930
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	(*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	IT)
Sumber of Shares 600 COMM NO PAR VALUE	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
TO COMM NO FAIL TALU	-		100	Common	No Par

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

Treasurer

5



Under penalty of perjury, I declare a	nd affirm that I have examined
this report, including any accompan	ying schedules and statements, an
that all statements contained herein	page true and correct.
Julia blut	Ken 4/30/02
Signaffe of Officer	Date
Julia Mullen	
Print or Type Raine of Officer	

Title of Officer Form 630 12/01

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

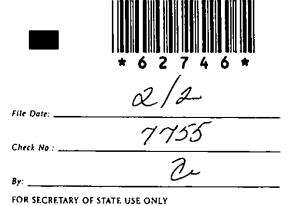
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INVERLITIONS

ruing	reriva;	january	1-march 1	•	riling	ree:	\$50.00

FORM MU	IST BE TYPED IN	BLACK)				
l. Corporati	62746	2. Name of Corpo <b>Irish Ve</b>	nture, Inc.		•	
3. Street Ad	dress Principal Bus	'' 4		City	State	Zip
l. Business	- 1	CONT Street	S. State of Incorporation MASSACHUSE		MA	02740
. Brief Des	401 294 cription of the Chai	4 7555 racter of Business Conducted		113		22.0
B. NAMI President N	ES AND ADD	cial Fishing RESSES OF THE OF	FICERS ("X" BOX FOR ATT	AGHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
itreet Addre	Peter N	Mullen		Peter Mullen		
INCEL MANIE	==	hwood Hill	Tráil	Street Address 14 Beechwood	Hill Trail	
City	_	State	Zip	City	State	Zip
	Exeter	RI	02822	Exeter	RI	02822
ecretary N		, .	•	Treasurer Name		
itreet Addre	Julia N "	Mullen		Julia Mullen Street Address		
	14 Beed	hwood Hill	Trail	14 Beechwood	Hill Trail	
City		State	ZIp	City	State	Zip
	Exeter	RI	02822	Exeter	RI	02822
9. NAMI Director Na		RESSES OF THE DI	RECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC , Director Name	CES BEFORE USING AT	TACHMENTS
treet Addre	Peter N	Mullen		Julia Muller Street Address	n	
Sity	14 Beed	chwood Hill State	Trail zip	14 Beechwood	Hill Trail	Zip
Director Na	Exeter	RI	02822	Exeter	RI	02822
treet Addre	rss			Street Address		
City		State	Zip	City	State	Zip
IO. SHAI		IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	(TV
Sumber of .	Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	600	Common	No Par	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.

Significant Conference Date

Julia Mullen

Print or Type Name of Officer

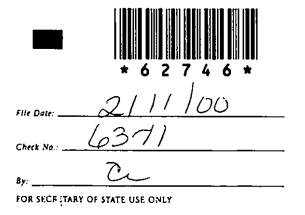
Treasurer
Tule of Officer

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

401-222-3040

PROFI	T CORF	ORATIO y 1-March 1	N ANNUAL R • Filing Fee: \$50.00	EPORT FOR THE	YEAR <u>2000</u>	- S
(FORM MUST	BE TYPED IN BL	ACK)				
1. Corporate ID	No.	2. Name of Co	rporation			
6	2746	Irish V	enture, Inc.			
	s Principal Busines. CONT Str			cny New Bedford	State MA	zip 02740
4. Business Pho	ne No.		5. State of Incorporati	on		6. SIC Code
7. Brief Descript		7555 er of Business Conduction ial Fishi		TTS		2246
8. NAMES . President Name		SSES OF THE C	OFFICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACH	IMENTS
Street Address	Peter M			Peter Mullo	en	
City		hwood Hil	Zip	City	od Hill Trail	Zip
Secretary Name	Exeter	RI	02822	Exeter Treasurer Name	RI	02822
Street Address	Julia M			Julia Mulle Street Address		
	14 Beec	hwood Hil			d Hill Trail	
City	Exeter	State R I	02822	ciny Exeter	State R I	zip 02822
9. NAMES Director Name	AND ADDRE		DIRECTORS ("X" BOX FOR .	ATTACHMENT) FILLIN SPACE  Director Name  Julia Muller	S BEFORE USING ATTA	CHMENTS
Street Address	14 Beec	hwood Hil	l Trail	Street Address  14 Beechwood	d Hill Trail	
City	Exeter	State RI	zip 02822	<sub>, cuy</sub> Exeter	State RI	zip 02822
Director Name		•		Director Name		02022
Street Address				Street Address		
City		State	ZIp	City	State	Zip
10. SHARES		ED (*x* box for	ATTACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT)	
Number of Shar	res	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	600	Common	No Par	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 t	hat I have examined
this report, including any accompanying sched	ules and statements, and
that old statements contained herein are true ar	nd correct.,
The bluller	2/9/00
Signature of Officer	Date
Julia Mullen	
Print or Type Name of Officer	
Treasurer	



James R. Langevin, Scoretary of State Corporations Division 1 100 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 BLAC	CK)				
I. Corporate ID No. <b>62746</b>	2. Name of Corporation   Irish Venture	o, inc.			
3. Street Address Principal Business (	Office .		City	State	Zip
84 Front Street  6. Business Phone No.		5. State of Incorporation	New Bedford	MA	102740
401-294-7555 7. Brief Description of the Character Commercial Fish	of Business Conducted In	MASSACHUS	SET 15		: 2246 
8. NAMES AND ADDRESS	SES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACE Vice President Name	ES BEFORE USING ATTAC	CHMENTS
Peter Mullen Sucel Address 14 Beechwood Hi	ll Trail		Peter Mulle Street Address 14 Beechwoo	nd Hill Trail	
chy Exeter	State RI	02822	City Exeter	State	02822
Secretory Name Julia Mullen	******	••••••••••••••••••••••••••••••••••••••	Treasurer Name : Julia Mulle	n	
Street Address 14 Beechwood Hi	ll Trail	<b></b>	Street Address 14 Beechwoo	d Hill Trail	
<sub>Ciny</sub> Exeter	State RI	. 21p . 02822	Exeter	State RI	02822
9. NAMES AND ADDRES Director Name Peter Mullen Street Address	SES OF THE DIRE	CTORS (*X* BOX FOR A	. Director Name Julia Mullen Street Address	<u> </u>	ACHMENIS
14 Beechwood Hi	ll Trail	_	14 Beechwood	Hill Trail	
Exeter	State RI	02822	Exeter	State RI	02822
Director Name	••••••••••••		Director Name		
Street Address			Street Address	·- ···	· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	i State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUEI	O (*x* BOX FOR ATTACHMEN	m
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par
•	·	•		i	1
This report must be sign	ed in ink by eith	er the President, Vic	ce President, Secretary, A	Assistant Secretary, Trea	surer, Receiver or Tru
Title report that or use			<i>,</i>	<i>,.</i>	•
	<b></b> 111   1   1   1   1   1   1   1   1   1	IIII I <b>61</b> 1			

	* 6 2 7 4 6 *
File Date:	Mb 24,99
Check No.:	4913
By:	. 06
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. <u> 2/22/99</u> Date Signafure of Officer Julia Mullen Print or Type Name of Officer Treasurer



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

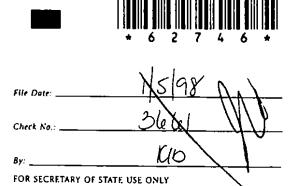
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 62746	<sup>2</sup> Name of Corporation Ventur	e, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
84 Front Street 4. Business Phone No.		¹ Massach	New Bedford	MA	02740 6. sic case
401-294-7555 7. Brief Description of the Character	of Business Conducted is		USETTS		2246
Commercial Fis 8. NAMES AND ADDRES President Name		CERS ("X" BOX FOR A"	TTACHMENT) Vice President Name		
Peter Mullen Street Address 14 Beechwood H	ill Trail		Peter Mullen Street Addiess 14 Beechwood	Hill Trail	
Exeter	State RI	<sup>zıp</sup> 02822	<sup>chy</sup> Exeter	State RI	<sup>Ζίρ</sup> 02822
Secretary Name Julia Mullen		•	Teasurer Name Julia Mullen		•
Street Address			Street Address		
14 Beechwood H. Exeter	ill Trail State RI	zι <sub>ρ</sub> 02822	14 Beechwood Exeter	Hill Trail State RI	z <sub>ip</sub> 02822
9. NAMES AND ADDRES Director Name Peter Mullen	SES OF THE DIRE	CTORS (*X* BOX FOR			V-022
Street Address 14 Beechwood H	ill Trail		Street Address  14 Beechwood	Hill Trail	
c <sub>iry</sub> Exeter	State D. T.	Zip	City	State	Zip
Director Name	RI	02822	Exeter Director Name	RI	02822
Street Address			Street Address		
City	State 	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMEN	VT)
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

100

No Par



Common

600

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. ure of Officer ∜ulia Mullen

Common

No par

Print or Type Name of Officer

Treasurer



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

	PROFIT	CORPORATION	ANNUAL	REPORT	1997
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Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 62746 Irish Venture, Inc. 3. Street Address Principal Business Office State Ziρ City 02740 New Bedford 84\_Front Street\_ 5. State of Incorporation 6. SIC Code 401-294-7555 **MASSACHUSETTS** 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) Vice President Peter Peter Mullen Street Address Street Address 14 Beechwood Hill Trail 14 Beechwood Hill Trail Exeter zip 02822 Zip 02822 <sup>CIO</sup>Exeter Secretary Name Treasurer Name Julia Mullen Julia Mullen Street Address Street Address 14 Beechwood Hill Trail 14 Beechwood Hill Trail Zip 02822 RI 02822 Exeter RI Exeter 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Julia Mullen Peter Mullen Street Address Street Address 14 Beechwood Hill Trail 14 Beechwood Hill Trail City State City State 02822 RI 02822 Exeter Exeter RI Director Name Director Name Street Address Street Address Clty Zip State Zip City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Class/Series Par Value Number of Shares Par Value No Par Common 100 No Par 600 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

\* 6 2 7 4 6 \*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signstruce of Officer

Date

Julia Mullen

Print or Type Name of Officer
Troasurer

### PROFIT CORPORATON ANNUAL REPORT

1996

#### State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE D NO 2 NAME OF CORPORATION 62746 IRISH VENTURE, INC ZIP CODE 02740 NEW BEDFORD 8.4 FRONT STREET 5 STATE OF INCORPORATION 4 01 294 7555 M 7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND 2246 FISHING COMMERCIAL PRESIDENT NAME ETER MULLEN 14 BEECHWOOD MILL TRAIL
CTV STATE

EXETER RI BEECHWOOD HILL TRAIL 02822 MULLEN JULIA MULLEN 14 BEECHWOOD HILL TRAIL BEECHNOT) HILL TRAIL
STATE, ZIPCOO EXETER DIRECTOR NAME PETER MULLEN MULLEN JULIA STREET ADDRESS BEECH WOOD HILL TRAIL
ETER RI DASAD STREET ADDRESS STREET ADDRESS ZIP CODE CITY STATE ZIP CODE CITY STATE AUTHDRIZED SHARES **AUTHORIZED SHARES ISSUED SHARES** NUMBER OF SHARES CLASS / SERIES CLASS / SERIES

NUMBER OF SHARES

PAR VALUE

PAR VALUE

Common 10 PAR

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

7-9-96 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.

FORV 31

### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

401-277-3040

#### ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0052746 Corporate ID:	Annual Report for the year:
Name of Corporation:Inc.	
Business entity organized under the laws of the State of M.A	Business Entity is (check one):  [
Phone: (	Brief statement of the character of business conducted in Rhode Island:
	F THE OFFICERS ARE:
PRESIDENT	ET ADDRESS CITY/\$TATE ZIP CODE
VICE PRESIDENT STREE	et address citystate , MA
Journ Joseph Conneely 8 Water	Rhouse St. Summerville MA ET ADDRESS CITY/STATE ZIPCODE
JULIA MULLER 14 Beechu TREASURER JOHN Joseph Councely 8 Water	bouse Street Summerville MA
STREE	FTHE DIRECTORS ARE:  FTADDRESS  CITY/STATE  CITY/STATE  CITY/STATE  ZIP CODE  ZIP CODE  ZIP CODE
	ET ADDRESS CITY/STATE ZIP CODE  ET ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
600	200
Date	Julia Mullen Julia Mullen
	TOR TYPE NAME OF OFFICER SIGNING
	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated by	

PETER MULLEN 14 BEECHWOOD HILL TRAIL

SLOCUM EXETER RI -02877

TILED) 340 CO 1945 ling Fcc \$50.00 iyable to: cretary of State

MoRHARY

#### PLEASE TYPE or PRINT

File Annually

LLC: Sept. 1 - Nov. 1

CORP: Jan. 1 - March I

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 1994 0062746 \_ Annual Report for the year: \_ Corporate ID: \_ Irish Venture, Inc. Name of Business Entity: \_ Business Entity is (check one): Business entity organized under the laws of the State of: Rhode 1 \*/ Business Corporation (See RIGL Chapter 7-1.1) 1 Professional Service Corporation (See RIGL Chapter 7-5.1) Federal Taxpayer Identification Number: [ ] Limited Liability Company (Sec RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom FRONT STREET communications may be directed: MULLEN 02740 7555 Phone: (10) Address and telephone of the principal office of business entity in Rhode Brief statement of the character of business conducted in Rhode Island: Island (Provide street address - Not P.O. Box): - CommerciaL Beech Wood Date of Qualification to do business in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: ZIP CODE CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) ZIP CODE JOHN TOSEPH CONNE 7JP CODE CITY/STATE CUSTODIAN OF RECORDS OR SECRETARY (Check One) 02822 THE NAMES OF THE DIRECTORS ARE: 7.IP CODE CITY/STATE NAME ILTON ZIP CODE. NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) 200 NUMBER NUMBER 600 **CLASS** CLASS **SERIES** SERIES PAR VALUE OR PAR VALUE OR PAR WITHOUT PAR No WITHOUT PAR

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	082746	Annual Repo	ort for the year
FIRST: The name	of the corporation is	Irish Ventu	re, inc.
84 Front Stre	et, New Bedford, MA	02740	
SECOND: It is inco	orporated under the laws of	assachusetts ar	nd Rhode Island
THIRD: Character	of business, briefly stated, is	Commercial	Fishing
FOURTH: If foreign	n corporation, address of its pr		
FIFTH: Business ac	ddress in Rhode Island	4 Beechwood Hil	ll Trail, Exeter, Rhode Island
SIXTH: Names and	d addresses of its directors and		(Attach rider if necessary) (including number, street, zip code)
John Joseph Conne	eely Director	8 Waterhouse	St. Summerville, MA
John J. McColgan	Director	69 Houston St	. Milton, MA
	Director		
John Joseph Conr	neely President	8 Waterhouse S	St. Summerville. MA
John Joseph Conr	neely Vice Preside	ent 8 Waterhouse	St. Summerville, MA
Julia Mullen	Secretary	14 Beechwood I	Hill Trail, Exeter, RI 02822
John Joseph Conr	neelyTreasurer	8 Waterhouse S	St. Summerville, MA
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
600			No Par
Еіднтн: Number	of Shares issued:		Par Value
			or statement that shares are without
No. of Shares	Class	Series	par value
200			No Par
Dated March 19,	( E	Irish Venture, Name of Corpolation) By	Inc. Mullen
(Report must be	signed by an officer)	Title SEC	exam

## 25947/5

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

### State of Rhode Island and Providence Plantations

62746

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 0290

	PROVIDENCE, RHO	DE ISLAND 02903	
Corporate ID 043	081999	Annual Report for	the year 1992
FIRST: The name	of the corporation is IRIS		
	orporated under the laws of Right of business, briefly stated, is		
FOURTH: If foreign	n corporation, address of its prin	cipal office	
	ddress in Rhode Island 14 E Rhode 15LA		
SIXTH: Names and	d addresses of its directors and of		(Attach rider if necessary)
JOHN JOSEPH (	Conneely Director	8 Waterhouse	St. Summervelle, MA
	onneely Director		St. Summerville, 174
	Director		st Milton, MA
•	Conneely President		st Sunnerville, M
JULIN JOSEPH !	,		ED.Winerouxec, 11
Julia Mulle	Vice President		Hul Trail, EXETER, R1.
	Secretary	- · · · · · · · · · · · · · · · · · · ·	~ 1 P
Jula Wull	Treasurer	14 Brechwood Hu	11 Trail, ExETER R. 1.
Seventh: Numbe	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
600			No PAR
Еіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200			
Dated 12 / 2 /	19 92	IRISH VENT	TURE, INC.
(Report must be	By e signed by an officer) Tit	de Secreta	ry

2584 JB

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

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE PHODE ISLAND 20092

Corporate ID 04303		RHODE ISLAND 02903  Annual Report for	the year 1990	
		-RISH VENTUA	RE INC.	
		•	ND ~ MASS ACHUSE FISHING	ats
Fourth: If foreign corp	ooration, address of its p	orincipal office		
FIFTH: Business address  EXETER, Rhodi			L TRAIL,	
SIXTH: Names and addr	esses of its directors and		(Attach rider if necessary)	
JOHN JOSEPH Conne	ely Director	8 Waterhouse:	St. Summerville, MA	
TOHN JOSEPH Connex	Ly Director	8 Waterhouse :	X. Summerville, 14A	
JOHN McColgan	Director	69 Houston St.	Wilton, MA	
JOHN JOSEPH Conne	_	8 Waterhouse	St. Sunnewille, MA	
	Vice Presid	lent	······································	
Julia Hullan	Secretary	14 Beechwood	HUL TRAIL, EXETER R.	].
Julia Mullen	Treasurer	14 Beechwood H	ll Trail, Exelor, RI	_
SEVENTH: Number of SI  No. of Shares  600	hares authorized: Class	Series	Par Value or statement that shares are without par value  NO PAR	. <b>~</b>
Eіднтн: Number of Sha	ares issued:	,	Par Value or statement that shares are without	
No. of Shares $200$	Class	Series	par value NO PAR	
Dated 12 //	19 92	IRISH VENT (Name of Corporation)  By Julia	URE, INC.	
(Report must be signed	by an officer)	Title Secretary	<b>,</b>	