



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. <u>62746</u>		2. Name of Corporation <u>IRISH Venture, Inc.</u>			
3. Street Address Principal Business Office <u>84 Front Street</u>		City <u>New Bedford</u>		State <u>MA</u>	Zip <u>02740</u>
4. Business Phone No. <u>978-283-1476</u>		5. State of Incorporation <u>MASSACHUSETTS</u>			6. SIC Code <u>2246</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>COMMERCIAL Fishing</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>PETER MULLEN</u>			Vice President Name <u>PETER MULLEN</u>		
Street Address <u>16 Sea Fox Lane</u>			Street Address <u>16 Sea Fox Lane</u>		
City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>	City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>
Secretary Name <u>JULIA MULLEN</u>			Treasurer Name <u>JULIA MULLEN</u>		
Street Address <u>16 Sea Fox Lane</u>			Street Address <u>16 Sea Fox Lane</u>		
City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>	City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>PETER MULLEN</u>			Director Name <u>JULIA MULLEN</u>		
Street Address <u>16 Sea Fox Lane</u>			Street Address <u>16 Sea Fox Lane</u>		
City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>	City <u>GLoucester</u>	State <u>MA</u>	Zip <u>01930</u>
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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
<u>600 COMM</u>	<u>NO PAR VALUE</u>		<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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

File Date	<u>1/10/05</u>
Check No.	<u>13191</u>
By:	<u>W.</u>
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.

Julia Mullen 1/7/04  
Signature of Officer Date  
JULIA MULLEN  
Print or Type Name of Officer  
Treasurer  
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**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62746		2. Name of Corporation Irish Venture, Inc.	
3. Street Address Principal Business Office 84 Front Street		City New Bedford	State MA
4. Business Phone No 978 283 1476		5. State of Incorporation Massachusetts	6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island Commercial Fishing			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name Peter Mullen		Vice President Name Peter Mullen	
Street Address 16 Sea Fox Lane		Street Address 16 Sea Fox Lane	
City Gloucester	State MA	City Gloucester	State MA
Zip 01930		Zip 01930	
Secretary Name Julia Mullen		Treasurer Name Julia Mullen	
Street Address 16 Sea Fox Lane		Street Address 16 Sea Fox Lane	
City Gloucester	State MA	City Gloucester	State MA
Zip 01930		Zip 01930	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name Peter Mullen		Director Name Julia Mullen	
Street Address 16 Sea Fox Lane		Street Address 16 Sea Fox Lane	
City Gloucester	State MA	City Gloucester	State MA
Zip 01930		Zip 01930	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
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

File Date	1-20-04
Check No.	11905
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

Date

Julia Mullen  
Print or Type Name of Officer

Treasurer  
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

62746

2. Name of Corporation

Irish Venture, Inc.

3. Street Address Principal Business Office

84 Front Street

City

New Bedford

State

MA

Zip

02740

4. Business Phone No.

978 283 1476

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

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

Peter Mullen

Vice President Name

Peter Mullen

Street Address

16 Sea Fox Lane

Street Address

16 Sea Fox Lane

City

Gloucester

State

MA

Zip

01930

City

Gloucester

State

MA

Zip

01930

Secretary Name

Julia Mullen

Treasurer Name

Julia Mullen

Street Address

16 Sea Fox Lane

Street Address

16 Sea Fox Lane

City

Gloucester

State

MA

Zip

01930

City

Gloucester

State

MA

Zip

01930

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Peter Mullen

Director Name

Julia Mullen

Street Address

16 Sea Fox Lane

Street Address

16 Sea Fox Lane

City

Gloucester

State

MA

Zip

01930

City

Gloucester

State

MA

Zip

01930

Director Name

None

Director Name

None

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



\* 6 2 7 4 6 \*

FILED

File Date: MAR 07 2003

Check No.: 210010097

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.

Julia Mullen 3/1/03  
Signature of Officer Date

Julia Mullen  
Print or Type Name of Officer

Treasurer

Title of Officer

5

Form 630 12/02



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

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 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62746** 2. Name of Corporation **Irish Venture, Inc.**  
3. Street Address Principal Business Office **84 Front Street** City **New Bedford** State **MA** Zip **02740**  
4. Business Phone No. **978 283 1476** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **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

**Peter Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

Secretary Name

**Julia Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

Vice President Name

**Peter Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

Treasurer Name

**Julia Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

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

Director Name

**Peter Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

Director Name

**Julia Mullen**

Street Address

**16 Seafox Lane**

City **Gloucester** State **MA** Zip **01930**

Director Name

**None**

Street Address

**None**

Street Address

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



\* 6 2 7 4 6 \*

**FILED**

**MAY 20 2002**

Filed 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.

*Julia Mullen* 4/30/02  
Signature of Officer Date

**Julia Mullen**  
Print or Type Name of Officer  
**Treasurer**

Title of Officer



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

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



**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. **62746** 2. Name of Corporation **Irish Venture, Inc.**

3. Street Address Principal Business Office **84 FRONT Street** City **New Bedford** State **MA** Zip **02740**  
4. Business Phone No. **401 294 7555** 5. State of Incorporation **MASSACHUSETTS** 6. Filing Fee **2248**

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		
Peter Mullen			Peter Mullen		
Street Address			Street Address		
14 Beechwood Hill Trail			14 Beechwood Hill Trail		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
Secretary Name			Treasurer Name		
Julia Mullen			Julia Mullen		
Street Address			Street Address		
14 Beechwood Hill Trail			14 Beechwood Hill Trail		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822

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

Director Name			Director Name		
Peter Mullen			Julia Mullen		
Street Address			Street Address		
14 Beechwood Hill Trail			14 Beechwood Hill Trail		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
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	Common	No Par

**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



\* 6 2 7 4 6 \*

File Date: 2/2  
Check No.: 7755  
By: [Signature]

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.

Julia Mullen 2/1/2001  
Signature of Officer Date  
Julia Mullen  
Print or Type Name of Officer  
Treasurer  
Title of Officer



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

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**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62746** 2. Name of Corporation **Irish Venture, Inc.**  
3. Street Address Principal Business Office **84 Front Street** City **New Bedford** State **MA** Zip **02740**  
4. Business Phone No. **401 294 7555** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **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	Peter Mullen	Vice President Name	Peter Mullen
Street Address	14 Beechwood Hill Trail	Street Address	14 Beechwood Hill Trail
City	Exeter	City	Exeter
State	RI	State	RI
Zip	02822	Zip	02822
Secretary Name	Julia Mullen	Treasurer Name	Julia Mullen
Street Address	14 Beechwood Hill Trail	Street Address	14 Beechwood Hill Trail
City	Exeter	City	Exeter
State	RI	State	RI
Zip	02822	Zip	02822

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

Director Name	Peter Mullen	Director Name	Julia Mullen
Street Address	14 Beechwood Hill Trail	Street Address	14 Beechwood Hill Trail
City	Exeter	City	Exeter
State	RI	State	RI
Zip	02822	Zip	02822
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	Common	No Par

**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



\* 6 2 7 4 6 \*

File Date: 2/11/00

Check No.: 6371

By: [Signature]

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.

Julia Mullen 2/9/00  
Signature of Officer Date

Julia Mullen  
Print or Type Name of Officer

Treasurer  
Title of Officer



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

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>62746</b>			2. Name of Corporation <b>Irish Venture, Inc.</b>		
3. Street Address Principal Business Office <b>84 Front Street</b>			City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02740</b>
4. Business Phone No. <b>401-294-7555</b>			5. State of Incorporation <b>MASSACHUSETTS</b>		
6. SIC Code <b>2246</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Commercial Fishing</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Peter Mullen</b>			Vice President Name <b>Peter Mullen</b>		
Street Address <b>14 Beechwood Hill Trail</b>			Street Address <b>14 Beechwood Hill Trail</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>Julia Mullen</b>			Treasurer Name <b>Julia Mullen</b>		
Street Address <b>14 Beechwood Hill Trail</b>			Street Address <b>14 Beechwood Hill Trail</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>Peter Mullen</b>			Director Name <b>Julia Mullen</b>		
Street Address <b>14 Beechwood Hill Trail</b>			Street Address <b>14 Beechwood Hill Trail</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</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</b>	<b>Common</b>	<b>No Par</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



File Date: Feb 24, 99

Check No.: 4913

By: [Signature]

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.

Julia Mullen 2/22/99  
Signature of Officer Date

**Julia Mullen**

Print or Type Name of Officer

**Treasurer**

Title of Officer



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

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 BLACK)

1. Corporate ID No. **62746** 2. Name of Corporation **Irish Venture, Inc.**

3. Street Address Principal Business Office  
**84 Front Street** City **New Bedford** State **MA** Zip **02740**  
4. Business Phone No. **401-294-7555** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **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)

President Name

**Peter Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

Vice President Name

**Peter Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

Secretary Name

**Julia Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

Treasurer Name

**Julia Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

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

Director Name

**Peter Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

Director Name

**Julia Mullen**

Street Address

**14 Beechwood Hill Trail**

City

**Exeter**

State

**RI**

Zip

**02822**

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**

**Common**

**No Par**

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



File Date: **1/5/98**

Check No.: **3661**

By: **K10**

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.

**Julia Mullen** 1/21/1998  
Signature of Officer Date

**Julia Mullen**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer





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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>62746</b>		2. Name of Corporation <b>Irish Venture, Inc.</b>			
3. Street Address Principal Business Office <b>84 Front Street</b>		City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02740</b>	
4. Business Phone No. <b>401-294-7555</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		6. SIC Code <b>2246</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Commercial Fishing</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>Peter Mullen</b>		Vice President Name <b>Peter Mullen</b>			
Street Address <b>14 Beechwood Hill Trail</b>		Street Address <b>14 Beechwood Hill Trail</b>			
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>Julia Mullen</b>		Treasurer Name <b>Julia Mullen</b>			
Street Address <b>14 Beechwood Hill Trail</b>		Street Address <b>14 Beechwood Hill Trail</b>			
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>Peter Mullen</b>		Director Name <b>Julia Mullen</b>			
Street Address <b>14 Beechwood Hill Trail</b>		Street Address <b>14 Beechwood Hill Trail</b>			
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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</b>	<b>Common</b>	<b>No Par</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



\* 6 2 7 4 6 \*

File Date: 2/24/97

Check No.: 2847

By: [Signature]

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.

Julia Mullen 2/21/97  
Signature of Officer Date

Julia Mullen  
Print or Type Name of Officer

Treasurer  
Title of Officer

PROFIT CORPORATION  
ANNUAL REPORT

1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO

2 NAME OF CORPORATION

62746

IRISH VENTURE, INC

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

84 FRONT STREET

CITY

STATE

ZIP CODE

NEW BEDFORD

MA

02740

4 BUSINESS PHONE NO

5 STATE OF INCORPORATION

6 SIC CODE

401 294 7555

MA

2246

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

COMMERCIAL FISHING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

PETER MULLEN

VICE PRESIDENT NAME

PETER MULLEN

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

CITY

EXETER

STATE

RI

ZIP CODE

02822

CITY

EXETER

STATE

RI

ZIP CODE

02822

SECRETARY NAME

JULIA MULLEN

TREASURER NAME

JULIA MULLEN

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

CITY

EXETER

STATE

RI

ZIP CODE

02822

CITY

EXETER

STATE

RI

ZIP CODE

02822

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

PETER MULLEN

DIRECTOR NAME

JULIA MULLEN

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

CITY

EXETER

STATE

RI

ZIP CODE

02822

CITY

EXETER

STATE

RI

ZIP CODE

02822

DIRECTOR NAME

PETER MULLEN

DIRECTOR NAME

JULIA MULLEN

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

STREET ADDRESS

14 BEECHWOOD HILL TRAIL

CITY

EXETER

STATE

RI

ZIP CODE

02822

CITY

EXETER

STATE

RI

ZIP CODE

02822

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

600

Common NO PAR

0

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

7-9-96

Check No:

2270

By:

*[Signature]*

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

*[Signature]*

JULIA MULLEN

Treasurer

*[Signature]*

Title of Officer

7/9/96

Date  
FORM 31 12/95



**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

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
Name of Corporation: Irish Venture, Inc. 84 FRONT ST. NEW BEDFORD MA 02740  
Business entity organized under the laws of the State of MA  
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):  
14 Beechwood Hill Trail  
EXETER, R.I. 02822  
Phone: (401) 294-7555

Business Entity is (check one):  
☒ 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:  
COMMERCIAL FISHING

**THE NAMES OF THE OFFICERS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>John Joseph Conneely</u>	<u>8 Waterhouse St.</u>	<u>Summerville, MA</u>	
VICE PRESIDENT <u>John Joseph Conneely</u>	<u>8 Waterhouse St.</u>	<u>Summerville MA</u>	
SECRETARY <u>Julia Mullen</u>	<u>14 Beechwood Hill Trail</u>	<u>Exeter, R.I.</u>	<u>02822</u>
TREASURER <u>John Joseph Conneely</u>	<u>8 Waterhouse Street</u>	<u>Summerville, MA</u>	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>John Joseph Conneely</u>	<u>8 Waterhouse St.</u>	<u>Summerville MA</u>	
<u>John J. McColgan</u>	<u>69 Houston St.</u>	<u>MILTON, MA</u>	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600

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

Number of Shares Class / Series

200

Date 1/1/95

By: Julia Mullen

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

SECRETARY

**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.

PETER MULLEN  
14 BEECHWOOD HILL TRAIL  
EXETER RI 02822

02822

FILED

JAN 10 1995

3/1/95  
1591/21

PLEASE TYPE or PRINT

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

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

0062746

1994

ing Fee \$50.00  
yable to:  
ecretary of State

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Irish Venture, Inc.

Name of Business Entity: \_\_\_\_\_

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

Federal Taxpayer Identification Number: \_\_\_\_\_

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

84 FRONT STREET  
NEW BEDFORD MA 02740

Phone: (401) 294-7555

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

14 Beechwood Hill TRAIL  
EXETER, Rhode Island 02822

Phone: (401) 294 7555

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:

PETER MULLEN  
14 Beechwood Hill TRAIL  
EXETER, R.I. 02822

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

FISHING - Commercial

Date of Organization: 12/17/90  
APRIL 1990

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

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>JOHN JOSEPH Conneely 8 Waterhouse ST.</u>	<u>Summerville, MA</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>JULIA MULLEN 14 Beechwood Hill Trail</u>	<u>EXETER RI 02822</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>JOHN JOSEPH Conneely 8 Waterhouse ST.</u>	<u>Summerville MA</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JOHN J. McColgan</u>	<u>69 Houston ST.</u>	<u>MILTON MA</u>	
<u>JOHN JOSEPH Conneely</u>	<u>8 Waterhouse ST.</u>	<u>Summerville MA</u>	

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600</u>	NUMBER <u>200</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>NO PAR</u>	PAR VALUE OR WITHOUT PAR <u>NO PAR</u>

February 16, 1994

By: Julia Mullen

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*2856 FR*

Corporate ID 0052745 Annual Report for the year 1993

FIRST: The name of the corporation is Irish Venture, Inc.

84 Front Street, New Bedford, MA 02740

SECOND: It is incorporated under the laws of Massachusetts and Rhode Island

THIRD: Character of business, briefly stated, is Commercial Fishing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 14 Beechwood Hill Trail, Exeter, Rhode Island  
02822

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John Joseph Conneely	Director	8 Waterhouse St. Summerville, MA
John J. McColgan	Director	69 Houston St. Milton, MA
	Director	
John Joseph Conneely	President	8 Waterhouse St. Summerville, MA
John Joseph Conneely	Vice President	8 Waterhouse St. Summerville, MA
Julia Mullen	Secretary	14 Beechwood Hill Trail, Exeter, RI 02822
John Joseph Conneely	Treasurer	8 Waterhouse St. Summerville, MA

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			No Par

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No Par

Dated March 19, 19 93

Irish Venture, Inc.  
(Name of Corporation)

By Julia Mullen

Title Secretary

(Report must be signed by an officer)

2594 7/15

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 02903

Corporate ID 043081999 Annual Report for the year 1992

FIRST: The name of the corporation is IRISH VENTURE, INC.

SECOND: It is incorporated under the laws of Rhode Island & MASSACHUSETTS

THIRD: Character of business, briefly stated, is Commercial Fishing

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 14 Beechwood Hill Trail,  
EXETER, Rhode Island 02822

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JOHN JOSEPH Conneely	Director	8 Waterhouse St. Summerville, MA
JOHN JOSEPH Conneely	Director	8 Waterhouse St. Summerville, MA
John McColgan	Director	69 Houston St. Milton, MA
John JOSEPH Conneely	President	8 Waterhouse St. Summerville, MA
	Vice President	
Julia Mullen	Secretary	14 Beechwood Hill Trail, EXETER, R.I. 02822
Julia Mullen	Treasurer	14 Beechwood Hill Trail, EXETER, R.I. 02822

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			

Dated 12/2/ 19 92

IRISH VENTURE, INC.  
(Name of Corporation)

By Julia Mullen  
Title Secretary

2584 9/13

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

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 043081999 Annual Report for the year 1990FIRST: The name of the corporation is IRISH VENTURE INC.SECOND: It is incorporated under the laws of Rhode Island & MassachusettsTHIRD: Character of business, briefly stated, is Commercial FISHING

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 14 Beechwood Hill Trail,  
EXETER, Rhode Island 02822

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JOHN JOSEPH Conneely	Director	8 Waterhouse St, Summerville, MA
JOHN JOSEPH Conneely	Director	8 Waterhouse St. Summerville, MA
JOHN McColgan	Director	69 Houston St. Wilton, MA
JOHN JOSEPH Conneely	President	8 Waterhouse St. Summerville, MA
	Vice President	
Julia Mullen	Secretary	14 Beechwood Hill Trail, Exeter, R.I. 02822
Julia Mullen	Treasurer	14 Beechwood Hill Trail, Exeter, R.I. 02822

SEVENTH: Number of Shares authorized:

No. of Shares  
600

Class

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares  
200

Class

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

Dated 12/1/92IRISH VENTURE, INC.  
(Name of Corporation)By Julia MullenTitle Secretary

(Report must be signed by an officer)