



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 89148		2. Name of Corporation Andorra, Inc.			
3. Street Address Principal Business Office 2090 Main Rd			City TIVERTON	State R.I.	Zip 02878
4. Business Phone No. 401-624-2293		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUILD, CONSTRUCT, FIT, EQUIP, FURNISH, OWN, PURCHASE, CHARTER, USE, OPERATE AND NAVIGATE BOATS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Robert Walz			Vice President Name NONE		
Street Address 2090 Main Rd			Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State	Zip
Secretary Name Richard Robert Walz			Treasurer Name Richard Robert Walz		
Street Address 2090 Main Rd.			Street Address 2090 Main Rd.		
City TIVERTON	State R.I.	Zip 02878	City TIVERTON	State R.I.	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		
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

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



File Date **FILED**

Check No. **FEB 18 2005**

By: **By 1105 GAD**

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.

Richard R. Walz 2/15/05
Signature of Officer Date

Richard Robert Walz
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 89148		2. Name of Corporation Andorra, Inc.			
3. Street Address Principal Business Office 2090 Main Rd			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-2293		5. State of Incorporation RHODE ISLAND		6. SIC Code 2246	
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUILD, CONSTRUCT, FIT, EQUIP, FURNISH, OWN, PURCHASE, CHARTER, USE, OPERATE AND NAVIGATE BOATS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Robert Walz			Vice President Name NONE		
Street Address 2090 Main Rd			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Richard Robert Walz			Treasurer Name Richard Robert Walz		
Street Address 2090 Main Rd			Street Address 2090 Main Rd		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000	NO PAR VALUE		NONE		

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



* 8 9 1 4 8 *

File Date 2-13-04
Check No. 1327
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] 2-12-04
Signature of Officer Date
Richard R. Walz
Print or Type Name of Officer
President
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. 89148		2. Name of Corporation Andorra, Inc.	
3. Street Address Principal Business Office 2090 Main Rd.		City Tiverton	State RI
		Zip 02878	
4. Business Phone No. 401-624-2293	5. State of Incorporation RHODE ISLAND		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Richard Robert Walz		Vice President Name None	
Street Address 2090 Main Rd.		Street Address	
City Tiverton	State RI	City	State
Zip 02878		Zip	
Secretary Name Richard Robert Walz		Treasurer Name Richard Robert Walz	
Street Address 2090 Main Rd.		Street Address 2090 Main Rd.	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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
1,000 NO PAR VALUE			None

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



* 8 9 1 4 8 *

File Date: 4-1-03
Check No.: 1212
By: [Signature]

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] 3/30/03
Signature of Officer
Richard Robert Walz
Print or Type Name of Officer
President



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. 89148		2. Name of Corporation Andorra, Inc.			
3. Street Address Principal Business Office 2090 Main Rd		City TIVERTON		State R.I.	Zip 02878
4. Business Phone No. 401-624-2293		5. State of Incorporation RHODE ISLAND		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Robert Walz			Vice President Name NONE		
Street Address 2090 Main Rd.			Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State	Zip
Secretary Name Richard Robert Walz			Treasurer Name Richard Robert Walz		
Street Address 2090 Main Rd			Street Address 2090 Main Rd.		
City TIVERTON	State R.I.	Zip 02878	City TIVERTON	State R.I.	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000	NO PAR VALUE		NONE		

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



* 8 9 1 4 8 *

File Date: 3-12-02

Check No.: 1012

By: 2

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.

Richard Robert Walz 3/1/02
Signature of Officer Date

Richard Robert Walz
Print or Type Name of Officer

President
Title of Officer

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. **89148** 2. Name of Corporation **Andorra, Inc.**

3. Street Address Principal Business Office
2090 Main Rd City **Tiverton** State **RI** Zip **02878**

4. Business Phone No. **401-624-2293** 5. State of Incorporation **RHODE ISLAND** 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 Richard Robert Walz	Vice President Name None
Street Address 2090 Main Rd.	Street Address
City Tiverton State RI Zip 02878	City State Zip
Secretary Name Richard Robert Walz	Treasurer Name Richard Robert Walz
Street Address 2090 Main Rd.	Street Address 2090 Main Rd.
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Number of Shares	Class/Series	Par Value
1,000 SHS	NO	PAR VALUE

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

Number of Shares	Class/Series	Par Value
NONE		

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



* 8 9 1 4 8 *

3/5
11661

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.

Richard Robert Walz **8/26/01**
Signature of Officer Date

Richard Robert Walz
Print or Type Name of Officer

President
Title of Officer



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. **89148** 2. Name of Corporation **Andorra, Inc.**
3. Street Address Principal Business Office **2090 Main Rd.** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401-624-2293** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2246**

7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial Finfish + Lobster Fishing

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

President Name **Richard Robert Walz**
Street Address **2090 Main Rd**
City **Tiverton** State **RI** Zip **02878**

Vice President Name **NONE**
Street Address
City State Zip
Treasurer Name **Richard Robert Walz**
Street Address **2090 Main Rd**
City **Tiverton** State **RI** Zip **02878**

Secretary Name **Richard Robert Walz**
Street Address **2090 Main Rd**
City **Tiverton** State **RI** Zip **02878**

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

Director Name **NONE**
Street Address
City State Zip
Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
Street Address
City State Zip
Director Name **NONE**
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	NONE		

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



* 8 9 1 4 8 *

2/29/00

File Date: _____

Check No.: **1531**

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.

Richard Robert Walz 2/15/00
Signature of Officer Date

Richard Robert Walz
Print or Type Name of Officer

President
Title of Officer



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. 89148		2. Name of Corporation Andorra, Inc.			
3. Street Address Principal Business Office 2090 MAIN RD			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401 624-2293		5. State of Incorporation RHODE ISLAND		6. SIC Code 2248	
7. Brief Description of the Character of Business Conducted in Rhode Island Commercial fishing and any other legal and lawful enterprise					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard R. Walz III			Vice President Name Richard R. Walz III		
Street Address 2090 MAIN RD			Street Address 2090 MAIN RD		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Same as above			Treasurer Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000 SHS NO PAR VALUE			NONE		

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



* 8 9 1 4 8 *

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: 1/14/99
Check No.: 1436
By: [Signature]

Signature of Officer: [Signature] Date: 3/7/99
Print or Type Name of Officer: Richard Robert Walz III
Title of Officer: President

FOR SECRETARY OF STATE USE ONLY



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. 89148 2. Name of Corporation Andorra, Inc.
3. Street Address Principal Business Office 2090 Main Rd. City Tiverton State RI Zip 02878
4. Business Phone No. 401-684-2293 5. State of Incorporation RHODE ISLAND 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 Richard R. Walz Vice President Name Richard R. Walz
Street Address 2090 Main Rd Street Address Same
City Tiverton State R.I. Zip 02878 City Same State Zip
Secretary Name Richard R. Walz Treasurer Name Richard R. Walz
Street Address Same Street Address Same
City Same State Zip City Same State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name None Director Name None
Street Address Street Address
City State Zip City State Zip
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
1,000 SHS NO Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
NONE NONE NONE

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

File Date: 2/6
Check No.: 200205
By: ICP
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 Richard R. Walz Date 2/27/98
Print or Type Name of Officer Richard R. Walz
Title of Officer President

RECEIVED
CORPORATIONS DIV
STATE OF RHODE ISLAND
86. WJ 91 2 9
2 16 PM '98



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. 89148		2. Name of Corporation ANDORRA, INC	
3. Street Address Principal Business Office 35 CORYS COURT		City PORTSMOUTH	State RI
4. Business Phone No. (401) 624-2293		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FISHING AND ANY OTHER LAWFUL ENTERPRISE		Zip 02871	6. SIC Code 2246
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name RICHARD R. WALZ III		Vice President Name NONE	
Street Address 35 CORYS COURT		Street Address NONE	
City PORTSMOUTH	State RI	City	State
Zip 02871		Zip	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
1000 SHS. NO PAR VALUE		NONE	NONE
		NONE	NONE

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

File Date: 3/10/97
Check No.: 1200
By: [Signature]

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] 3/10/97
Signature of Officer Date
RICHARD R WALZ III
Print or Type Name of Officer
president
Title of Officer