

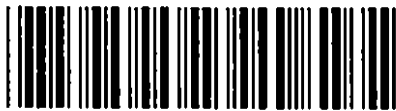


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122160		2. Name of Corporation Kingston Trawlers, Inc.			
3. Street Address Principal Business Office 200 BLUEBERRY LANE			City WEST KINGSTON	State RHODE ISLAND	Zip 02892
4. Business Phone No. 1-401-782-6849		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN A ARNOLD			Vice President Name SHERRY A ARNOLD		
Street Address 200 BLUEBERRY LANE			Street Address 200 BLUEBERRY LANE		
City WEST KINGSTON	State RHODE ISLAND	Zip 02892	City WEST KINGSTON	State RHODE ISLAND	Zip 02892
Secretary Name SHERRY A ARNOLD			Treasurer Name STEPHEN A ARNOLD		
Street Address 200 BLUEBERRY LANE			Street Address 200 BLUEBERRY LANE		
City WEST KINGSTON	State RHODE ISLAND	Zip 02892	City WEST KINGSTON	State RHODE ISLAND	Zip 02892
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
600	NO PAR VALUE		NONE		

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



File Date 1/4/05
Check No. 1852
By: W.
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.

Stephen A Arnold 12/31/04
Signature of Officer Date
STEPHEN A ARNOLD
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122160		2. Name of Corporation Kingston Trawlers, Inc.			
3. Street Address Principal Business Office 200 Blueberry lane			City West Kingston	State Rhode Island	Zip 02892
4. Business Phone No. 401-782-6849		5. State of Incorporation RHODE ISLAND		6. SIC Code 2246	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen A Arnold			Vice President Name Sherry A Arnold		
Street Address 200 Blueberry lane			Street Address 200 Blueberry lane		
City West Kingston	State Rhode Island	Zip 02892	City West Kingston	State Rhode Island	Zip 02892
Secretary Name Sherry A Arnold			Treasurer Name Stephen A Arnold		
Street Address 200 Blueberry lane			Street Address 200 Blueberry lane		
City West Kingston	State Rhode Island	Zip 02892	City West Kingston	State Rhode Island	Zip 02892
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 NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600 NO PAR VALUE		

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



* 1 2 2 1 6 0 *

File Date 2-13-04
Check No. 1569
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.

Stephen A Arnold 2/12/04
Signature of Officer Date
Stephen A Arnold
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. 2. Name of Corporation

122160 Kingston Trawlers, Inc.

3. Street Address Principal Business Office

200 BLUEBERRY LANE

City State

WEST KINGSTON R.I.

Zip 02892

4. Business Phone No.

401-782-6849

5. State of Incorporation

RHODE ISLAND

6. SIC Code 2246

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

Commercial Fishing, with OTTER Trawl inside and outside State waters

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

President Name

STEPHEN A ARNOLD

Vice President Name

SHERRY A ARNOLD

Street Address

200 BLUEBERRY LANE

Street Address

200 BLUEBERRY LANE

City State Zip
West Kingston R.I. 02892

City State Zip
West Kingston R.I. 02892

Secretary Name

SHERRY A ARNOLD

Treasurer Name

STEPHEN A ARNOLD

Street Address

200 BLUEBERRY LANE

Street Address

200 BLUEBERRY LANE

City State Zip
West Kingston R.I. 02892

City State Zip
West Kingston R.I. 02892

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

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 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 NO PAR NONE

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



* 1 2 2 1 6 0 *

File Date: FILED

Check No.: FEB 27 2003

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] 2/2/03
Signature of Officer Date

STEPHEN A ARNOLD
Print or Type Name of Officer

President
Title of Officer