

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

Matthew A. Brown, Secretary of State

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. 2. Name of Corporation 116263 Brooke C Fisheries, Inc. 3 Street Address Principal Business Office City State 606 Shannock Road RI 02879 Wakefield 5. State of Incorporation (401) 782-3626 RHODE ISLAND 7 Biref Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Scott Christopher Street Address Street Address 606 Shannock Road State R I 02879 City Wakefield State Secretury Name 606 Shannock Road 606 Shannock Road ^{Zip} 02879 02879 Wakefield Wakefield RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Z.ip City State Ziti Director Name Director Name Street Address Street Address City State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **АИЛ'HORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **600 NO PAR VALUE** No Par Valu 100 Common 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. File Date Signature of Officer Date Scott Christopher Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



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Signature of Officer

tres

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401-222-3040

2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRIN	TED IN BLACK)					
1. Corporate ID No.	2. Name of Corpora	tion			• • •	•
116263	Brooke C Fi	sheries, Inc.				
3 Street Address Principal Busines	s Office		City	State	Zip	
606 SHANNOCK	ROAD		WAKEFIELD	RI	02879	
4 Business Phone No.		5. State of Incorporati	on		6 SIC Code	
(401) 782-362	26	RHODE ISLA	ND		2246	
7 Brief Description of the Charact	er of Business Conducted		· · <u>-</u>			
COMMERICAL I	FISHING				_	
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	FILL IN SPACES	BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
SCOTT CHRIST	COPHER					
Street Address			Street Address			
606 SHANNOCI	K ROAD					
City	State	Zip	City	State	Zip	
WAKEFIELD	RI	02879				
Secretary Name			Treasurer Name			
SCOTT CHRISTOPHER			SCOTT CHRIS	STOPHER		
Street Address			Street Address			
			a			
City	State	Zip	City	State	Zip	
O MANAGE AND ADDRE	cere or the bin	CCTORE /eve nov non	among any anatod Twi I shi Ch a C'Y	C BEFORE LICENC AT	FA CURATENTE	-
9. NAMES AND ADDRE: Director Name	33r3 OF THE DIK	ECTORS (-x - BOX FOR)	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	IACHMENIS	
Street Address			Street Address			
City	State	, Zip	City	State	Zip	
		•	•		,	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Crty	State	Zip	
10. SHARES AUTHORIZI	ED (*x* box for ati	ACHMENT)	11. SHARES ISSUED (X" BOX FOR ATTACHME!	IT)	
AUTHORIZET) SHARES			ESSUED 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

100

litle of Officer

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* 1 1 6 2 6 3 *
File Date: FILE?
Check No: FEB 2.7 Cold
FOR SECRETARY OF STATE USE ONLY

600 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this peport, including any accompanying schedules and statements, and that all statements contained herein are true and correct. SCOTT CHRISTOPHER Print or Type Name of Officer PRESIDENT

COMMON

Form 630 12/02

NO PAR VALUE



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 BLA	CK)				
1. Corporate ID No.	2. Name of Corporation	on .			
116263	Brooke C Fish	neries, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
606 Shannoo	ck Road		Wakefield	RI	02879
4. Business Phone No.		5. State of Incorpora			6. SIC Code
(401) 782-3		RHODE ISL	AND		2246
7. Brief Description of the Character COMMERICAL		Rhode Island			
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES	BEFORE USING ATTACI	HMENTS
President Name	riatonhor		Vice President Name		
	ristopher				
606 SHANI	NOCK ROAD		Street Address		
WAKEFIELD	State RI	^{Zip} 0287	'9 · City	State	Zip
Scott Chi	ristopher	•••	Treasurer Name Scot	t Christopher	•
Sineel Address SAMI	E		Street Address	SAME	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	CTORS ("X" BOX FOR	R ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
СПУ	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZEI AUTHORIZEES SHARES	D (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT))
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100	Common	No Par Value

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



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

Signature of Officer

<u>Scott Christopher</u>

Print or Type Name of Officer <u>President</u> Title of Officer