

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Stree Providence, RI 02903-133 401 222 3040

Form 630 Rev. 12/03

ROFIT	CORPORATION	ANNUAL	REPORT	FOR THE	YEAR
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2005 'ing Period: January 1 - March 1 Filing Fee: \$50.00 ORM MUST BE TYPED OR PRINTED IN BLACK) Corporate ID No. 2 Name of Corporation F/V CAPTAIN ROBERT FISHERIES, INC. 105472 Street Address Principal Business Office State 200 RI 02879 121A Post Road Wakefield Business Phone No 5 State of Incorporation 6 SIC Code 401) 782-5821 RHODE ISLAND 2246 ref Description of the Character of Business Conducted in Rhode Island TO PURCHASE, LEASE AND/OR RENT VESSELS OF ALL KINDS, TOOPERATE SUCH VESSELS IN THE FISHING INDUSTRY. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Sideni Name Vice President Name ichael L. Marchetti None zet Address Street Address 119 Post Road Cin State Zip02879 akefield RI retar, Name ichael L. Marchetti Michael L. Marchetti ret Address Street Address 119 Post Road 3119 Post Road State 02879 akefield RI02879 Wakefield RINAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS cetor Name Director Name ichael L. Marchetti vt Address Street Address 119 Post Road State City RI 02879 akefield ector Name Director Name wi Address Street Address Sinte ZpCuy State . SHARES AUTHORIZED ("X" BOX FOR AITACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) THORIZED SHARES ISSUED SHARES niker of Shares Class/Series Par Value Number of Shares Par Value Class/Series 1,000 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 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements ontained herein are true and correct. 'c Date eck No 📖 👝 Michael L. Marchetti Print or Type Name of Officer

President

Title of Officer



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

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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

	2. Name of Corpun				
105472		<u>n Robert Fisheries, II</u>		State	Zip
Sincer Address Principal Business (	office		Wakefield	RI	02879
121A Post Road	<del>_</del>	5. State of Incorporation	<del></del>	<del></del>	6 SIC Code
401) 782-5821					2246
tidal Description of the Character	of Business Conducted				
			TOOPERATE SUCH VESSELS	IN THE FISHING INDUST	RY.
NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT		SPACES BEFORE USING	ATTACHMENTS
sident Name			Vice President Name		
ichael L. March	netti		None None		
vet Address			Street Address		
119 Post Road	<del></del> _			State	Zip
or	State	02879	City		,
akefield	RI	102073	Trysurer Name		J
Nervan Name Michael L. Marchetti			Michael L. Marchetti		
Michael D. Malchetti		Street Address			
119 Post Road			3119 Post Ro	ad	
ty	State	Zip	City	State	ZIP
akefield	<sub>RI</sub>	02879	Wakefield	RI	1 02879
NAMES AND ADDRESSES	OF THE DIREC	TORS: ("X" BOX FOR	· — ·	N SPACES BEFORE USI	NG ALIACHMENI
noctor Name			Director Name		
ichael L. March	<u>hetti</u>	<u> </u>	Since Address		
net Address			Street Mourts		
<u> 119 Post Road</u>	State	Zip	City	State	Zip
akefield	RI	02879			
akerieru Inglor Name	T.;;;	1	Director Name		•••••
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цу	State	Zιp	City	State	7.4
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UTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
umber of Shares	CHIVACTICS	7 ter rener		<del></del>	
8,000 NO PAR VALUE			100	common	no par
					1

Title of Officer Form 630 Rev. 12/03

Michael L. Marchetti

Print or Type Name of Officer President



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

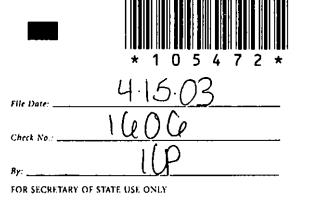
#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

401-222-3040

STOP
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filing Period: January	: 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
. Corporate ID No.	2. Name of Corpora	tion			
105472	F/V CAPTA	IN ROBERT FISHERIES	, INC.		
3. Street Address Principal Business	Office		City	State	Z.Ip
3121A Post Road	3		Wakefield	RI	02879
1. Business Phone No.		5. State of Incorporati	on		6. SIC Code
(401) 782-5821  Brief Description of the Characte	of Bustness Conducted	RHODE ISLA	ND chase, lease and fishing industr	/or rent vess	2246 els of all
3. NAMES AND ADDRES				BEFORE USING ATTAC	= =
resident Name			Vice President Name		
Michael L. Mar	chetti		None Sucet Address		
3119 Post Road	1				
lity	State	Zip	City	State	Zip
Wakefield ccccary Nume	RI	02879	Treasurer Name		
Michael L. Mar	chetti		Michael L. M. Street Address	archetti	
3119 Post Road	1		3119 Post Ro	ad	
30y	State	Zîp	City	State	Zip
Wakefield  Names and address	RI SSES OF THE DIR	02879 ECTORS (*X* BOX FOR A		RI es before using att	02879 achments
Director Name			Director Name		
Michael L. Mar	chetti		Street Address		
3119 Post Road	l				
Sity	State	Zip	City	State	Zip
Wakefield Director Name	RI	02879	Director Name		
treet Address			Street Address		
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10. SHARES AUTHORIZE	I) (*X* BOX FOR ATI	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN"	n <u>-</u>
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
8,000 NO PAR VALUE			100	common	no par

his 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.

Signature of Officer

Michael L. Marchetti

Print or Type Name of Officer President

Title of Officer

**€**⊉ 5

Form 630 12/02



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

STOP PLESSI, READ INSTRUCT HONS

ORM MUST BE TYPED IN	BLACK)					
Corporate ID No.	2. Name of Corpora	tiou				
105472	F/V CAPTAIN	NROBERT FISHERIES				
Street Address Principal Busi	iness Office		City	State	Ζίτ 0.3.0.7.0	
119 Post Roa	d		Wakefield	RĮ	02879	
Business Phone No.		5. State of Incorporat			6. SIC Code <b>2246</b>	
82-5821 Brief Description of the Chai	acter of Business Conducted I	RHODE ISLA  n Rhode IslandTO PUI	chase, lease and	or rent vess	els of all	•
inds; to ope NAMES AND ADDI	rate such ve RESSES OF THE OFFI	SSELS IN THE	e fishing industry TACHMENT) FILLIN SPACES Vice Provident Name	BEFORE USING ATTAC		•
ichael L. Ma	rchetti		None			
reet Address	1011000		Street Address			
119 Post Roa	d					
ly	State	Zip	City	Sinte	Z.Ip	
akefield	RĮ	02879				
cretary Name	r 144		Deasurer Name	,		
ichael L. Ma	rchetti		Michael L. Ma	archetti		
red Address			Street Address			
119 Post Roa	nd.		3119 Post Ro	ad		
ir	State	Zip	City	State	Zip	
akefield	RI	02879	Wakefield	RI	ő2879	
	RESSES OF THE DIR	ECTORS (*x* nox for	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS	
ichael L. Ma	rchetti					
ect Address			Street Address			
119 Post Roa	ad					
ty	State	Zip	City	State	Zip	
akefield	RI	02879				
rector Name		•	Director Name			
icel Adiltess			Street Address			
ty	State	Zip	Cuy	Sinte	Zip	
NOHTUA 238AHZ (	IZED (*x* box for att	ACHAIENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHMENT	")	
JITHORIZED SHARES		• • •	ZUKATPS CERLPST			
unher of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value	
8,000 NO PAR VALUE			100	common	no par	

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



File Date:	3.22-02	
Check No.:	1333	
	Lmc	
FOR SECRETA	RY 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.

Michael - Warchett 3/10, 200

Michael L. Marchetti

Print or Type Name of Officer
President

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

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

(FORM MUST BE TYPED IN BLACK)

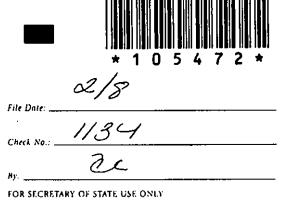
1. Corporate ID No.

105472

2. Name of Gosporation
F/V CAPTAIN ROBERT FISHERIES, INC.

107415	17.0 07.17.1		20, 2		
3. Street Address Principal Busine	ess Office		City	State	Zip
3119 Post Roa 4. Business Phone No.	đ	5. State of Incorporation	Wakefield	RI	02879 6. sic Cate
782-5821 7. Brief Description of the Charac	cter of Business Conducted	RHODE ISLAND In Rhode Island To purch	nase, lease and	d/or rent vess	2246 sels of all
		ressels in the f FICERS (*x* BOX FOR ATTACE		ry; and other BEFORE USING ATTAC	lawful purposes
Michael L. Ma	rchetti		None Street Address		
3119 Post Roa	d				
City	State	Zip	City	State	ZIp
Wakefield Secretary Name	RI	02879	Treasurer Name		
Michael L. Ma	rchetti		Michael L. Ma Succe Address	archetti	
3119 Post Roa	.d		3119 Post Ro	ad	
City	State	Zip	City	Sinte	ZIp
Wakefield	RI	02879	Wakefield	RI	02879
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
Michael L. Ma	rchetti		Street Address		
3119 Post Roa	d				
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Director Name	•		Director Name		
			,		
Street Address			Street Addiess		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*x* box for at	TACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	J
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Scries	Par Value
8,000 NO PAR VA	ALUE		100	common	no par
This report must be sig	gned in ink by cit	her the President, Vice I	;  President, Secretary, Ass	istant Secretary, Treasu	rer, Receiver or Trustee
inis report must be sig	,		resident, occidiory, riss	totalli occincioly, recom	,

Title of Officer



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

Michael	L. Marchetti	 
Frint or Type Name		
Preside	nt	 



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

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

1. Corporate 105472 FYUTE CAPPAIN ROBERT FISHERIES, INC	
a standardian	٠

Zip 3. Street Address Principal Business Office 02892 RI West Kingston 9 Knowles Lane 6. SIC Gode SPHANETICORPORTIONO 4. Business Phone No. 2246

7. Brief Description of the Character of Rusiness Conducted in Rhode Island To purchase, lease and/or rent vessels of all 401 364-0587 kinds; to operate such vessels in the fishing industry; and other lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name None

Michael L. Marchetti Street Address

9 Knowles Lane Zip State City

02892 West Kingston RI

Secretary Name Michael L. Marchetti Street Address

9 Knowles Lane ZIP State City

02892 RΙ

Street Address City

Treasurer Name

Michael L. Marchetti Street Address

9 Knowles Lane State City West Kingston

Z.Ip 02892 RI FILL IN SPACES BEFORE USING ATTACHMENTS

West Kingston 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*x\* BOX FOR ATTACHMENT) Director Name

Director Nome Street Address

Michael L. Marchetti Street Address

9 Knowles Lane State

RI

State

ZIp

Zip

City

State

State

Zip

Zip

02892 West Kingston

Director Name

Director Name

Street Address

Number of Shares

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares 8,000 NO PAR VALUE

Street Address

City

Class/Series .

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

Class/Serles

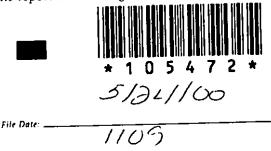
Par Value

100

common

no par

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



Check No.: -

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

<u>Michael L. Marchetti</u> Print or Type Name of Officer

President Title of Officer