



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 02903-1337
401 222 3046

ROFIT 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 105472		2 Name of Corporation FV CAPTAIN ROBERT FISHERIES, INC.			
3 Street Address Principal Business Office 121A Post Road		4 City Wakefield		5 State RI	6 Zip 02879
7 Business Phone No 401 782-5821		8 State of Incorporation RHODE ISLAND			9 SIC Code 2246
10 Brief 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.					
11 NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12 President Name Michael L. Marchetti			13 Vice President Name None		
14 Street Address 119 Post Road			15 Street Address		
16 City Wakefield	17 State RI	18 Zip 02879	19 City	20 State	21 Zip
22 Secretary Name Michael L. Marchetti			23 Treasurer Name Michael L. Marchetti		
24 Street Address 119 Post Road			25 Street Address 3119 Post Road		
26 City Wakefield	27 State RI	28 Zip 02879	29 City Wakefield	30 State RI	31 Zip 02879
32 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
33 Director Name Michael L. Marchetti			34 Director Name		
35 Street Address 119 Post Road			36 Street Address		
37 City Wakefield	38 State RI	39 Zip 02879	40 City	41 State	42 Zip
43 Director Name			44 Director Name		
45 Street Address			46 Street Address		
47 City	48 State	49 Zip	50 City	51 State	52 Zip
53 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			54 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
55 AUTHORIZED SHARES			56 ISSUED SHARES		
57 Number of Shares	58 Class/Series	59 Par Value	60 Number of Shares	61 Class/Series	62 Par Value
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



63 Filing Date	64
65 Check No	66
67 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.

Michael L. Marchetti 9/19/2005
Signature of Officer Date

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
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 OR PRINTED IN BLACK

1. Corporate ID No. 105472		2. Name of Corporation FV CAPTAIN ROBERT FISHERIES, INC.			
3. Street Address Principal Business Office 3121A Post Road		City Wakefield		State RI	Zip 02879
4. Business Phone No. (401) 782-5821		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael L. Marchetti			Vice President Name None		
Street Address 3119 Post Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Michael L. Marchetti			Treasurer Name Michael L. Marchetti		
Street Address 3119 Post Road			Street Address 3119 Post Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael L. Marchetti			Director Name		
Street Address 3119 Post Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
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
8,000 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



* 1 0 5 4 7 2 *

File Date 3/11/04
Check No. 1839
By: us

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.

Michael L. Marchetti 35, 2004
Signature of Officer Date

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

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

FOR ALL MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No.

2. Name of Corporation

105472

F/V CAPTAIN ROBERT FISHERIES, INC.

3. Street Address Principal Business Office

City

State

Zip

3121A Post Road

Wakefield

RI

02879

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 782-5821

RHODE ISLAND

2246

Brief Description of the Character of Business Conducted in Rhode Island: To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the fishing industry; and other lawful purposes

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

President Name

Vice President Name

Michael L. Marchetti

None

Street Address

Street Address

3119 Post Road

City

State

Zip

City

State

Zip

Wakefield

RI

02879

Secretary Name

Treasurer Name

Michael L. Marchetti

Michael L. Marchetti

Street Address

Street Address

3119 Post Road

3119 Post Road

City

State

Zip

City

State

Zip

Wakefield

RI

02879

Wakefield

RI

02879

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

Director Name

Director Name

Michael L. Marchetti

Street Address

Street Address

3119 Post Road

City

State

Zip

City

State

Zip

Wakefield

RI

02879

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

8,000 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



* 1 0 5 4 7 2 *

File Date: 4-15-03

Check No.: 16006

By: UP

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.

Michael L. Marchetti 4/11, 2003
Signature of Officer Date

Michael L. Marchetti

Print or Type Name of Officer

President

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.

2. Name of Corporation

105472

FV CAPTAIN ROBERT FISHERIES, INC.

3. Street Address Principal Business Office

City

State

Zip

119 Post Road

Wakefield

RI

02879

4. Business Phone No.

5. State of Incorporation

6. SIC Code

82-5821

RHODE ISLAND

2246

Brief Description of the Character of Business Conducted in Rhode Island: To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the fishing industry; and other lawful purposes

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

8. President Name

9. Vice President Name

Michael L. Marchetti

None

10. Street Address

Street Address

119 Post Road

City

State

Zip

Wakefield

RI

02879

11. Secretary Name

12. Treasurer Name

Michael L. Marchetti

Michael L. Marchetti

13. Street Address

Street Address

119 Post Road

City

State

Zip

Wakefield

RI

02879

City

State

Zip

Wakefield

RI

02879

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

15. Director Name

16. Director Name

Michael L. Marchetti

Street Address

17. Street Address

Street Address

119 Post Road

City

State

Zip

Wakefield

RI

02879

18. Director Name

Director Name

19. Street Address

Street Address

20. City

State

Zip

City

State

Zip

21. 0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

23. AUTHORIZED SHARES

24. ISSUED SHARES

25. Number of Shares

26. Class/Series

27. Par Value

28. Number of Shares

29. Class/Series

30. Par Value

8,000 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



* 1 0 5 4 7 2 *

File Date: 3-22-02

Check No.: 1333

By: LMC

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.

Michael L. Marchetti 3/10, 2002
Signature of Officer Date

Michael L. Marchetti

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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. **105472** 2. Name of Corporation **F/V CAPTAIN ROBERT FISHERIES, INC.**

3. Street Address Principal Business Office

3119 Post Road

4. Business Phone No.

782-5821

5. State of Incorporation
RHODE ISLAND

City

Wakefield

State

RI

Zip

02879

6. SIC Code

2246

7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the fishing industry; and other lawful purposes

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

President Name

Michael L. Marchetti

Street Address

3119 Post Road

City

Wakefield

State

RI

Zip

02879

Vice President Name

None

Street Address

City

State

Zip

Secretary Name

Michael L. Marchetti

Street Address

3119 Post Road

City

Wakefield

State

RI

Zip

02879

Treasurer Name

Michael L. Marchetti

Street Address

3119 Post Road

City

Wakefield

State

RI

Zip

02879

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

Director Name

Michael L. Marchetti

Street Address

3119 Post Road

City

Wakefield

State

RI

Zip

02879

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

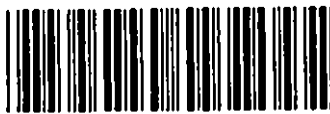
Par Value

100

common

no par

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



* 1 0 5 4 7 2 *

File Date: 2/8

Check No.: 1134

By: 2c

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.

Michael L. Marchetti 2/5, 2001
Signature of Officer Date

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

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. 105472 2. Name of Corporation F/V CAPTAIN ROBERT FISHERIES, INC.

3. Street Address Principal Business Office

9 Knowles Lane

4. Business Phone No.

401 364-0587

7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, lease and/or rent vessels of all 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

President Name

Michael L. Marchetti

Street Address

9 Knowles Lane

City State Zip
West Kingston RI 02892

Secretary Name

Michael L. Marchetti

Street Address

9 Knowles Lane

City State Zip
West Kingston RI 02892

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

Director Name

Michael L. Marchetti

Street Address

9 Knowles Lane

City State Zip
West Kingston RI 02892

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

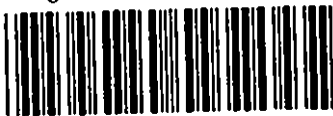
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

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



* 1 0 5 4 7 2 *

5/24/00

File Date: 1109

Check No.: 2

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.

Michael L. Marchetti 5/4, 2000
Signature of Officer Date

Michael L. Marchetti
Print or Type Name of Officer

President
Title of Officer