STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
William A. Guerra, 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. Corp. #	Name of Corporation
45692	H.R.M. INC.

Street Address and P.O. Box	City	State	Zip
60 REYNOLDS STREET	NORTH KINGSTOWN	RI	02852

4. Business Phone No	5. State of Incorporation	6. SIC Code
(401) 295-8711	RHODE ISLAND	6551

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

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

President Name	Vice President Name
JOHN D. ANDREWS	PETER J. ANDREWS
Street Address: 60 REYNOLDS STREET	Street Address: 235 ROLLINGWOOD DRIVE
City: NORTH KINGSTOWN; State: RI; Zip: 02852	City: NORTH KINGSTOWN; State: RI; Zip: 02852
Secretary Name: SARAH A. ANDREWS	Treasurer Name: JOHN D. ANDREWS
Street Address: 60 REYNOLDS STREET	Street Address:
City: NORTH KINGSTOWN; State: RI; Zip: 02852	City: ; State: ; Zip:

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

Director Name	Director Name
JOHN D. ANDREWS	
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
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR

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

[redacted] [redacted]

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 — Date: 2/25/05

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	3-4-05
Check No.	14565
By:	dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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 31 . . . Filing Fee $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
45692	H. R. M., INC.			
3. Street Address Principal Business Office		City	State	Zip
60 REYNOLDS STREET		NORTH KINGSTOWN	RI	02852
4. Business Phone No	5. State of Incorporation			6. SIC Code
(401) 295-8711	RHODE ISLAND			6551

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

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

President Name	Vice President Name
JOHN D. ANDREWS	PETER J. ANDREWS
Street Address: 60 REYNOLDS STREET	Street Address: 235 ROLLINGWOOD DRIVE
City: NORTH KINGSTOWN, State: RI, Zip: 02852	City: NORTH KINGSTOWN, State: RI, Zip: 02852
Secretary Name	Treasurer Name
SARAH A. ANDREWS	JOHN D. ANDREWS
Street Address: 60 REYNOLDS STREET	Street Address:
City: NORTH KINGSTOWN, State: RI, Zip: 02852	City: , State: , Zip:

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

Director Name	Director Name
JOHN D. ANDREWS	
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
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR

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

[redacted] [redacted]

45692

File Date 3/11/04

Check No. 13599

By: LB.

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Signature of Officer *Date*

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03

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

Corporations Div
100 North Main Street, Providence, RI 02903-13
401-222-30

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.: 45692
2. Name of Corporation: R.R.M., INC.
3. Street Address Principal Business Office: 60 REYNOLDS STREET
   City: NORTH KINGSTOWN State: RI Zip: 02852
4. Business Phone No.: (401) 295-8711
5. State of Incorporation
6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island: MARINE TRANSPORTATION AND RESCUE

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

President Name: JOHN D. ANDREWS
Street Address: 60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name: PETER J. ANDREWS
Street Address: 235 ROLLINGWOOD DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Secretary Name: SARAH A. ANDREWS
Street Address: 60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Treasurer Name: JOHN D. ANDREWS
Street Address:
City *State* *Zip*

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

Director Name: JOHN D. ANDREWS
Street Address:
City *State* *Zip*

Director Name:
Street Address:
City *State* *Zip*

Director Name:
Street Address:
City *State* *Zip*

Director Name:
Street Address:
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	NO PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
800	COMMON	NO PAR

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

[redacted]

[redacted]

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 *Date* 11/8/03

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 5.8.03

Check No.: 12414

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

S

Form 630 12/02

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

Edward S. Inman III, Secretary of St
Corporations Div
100 North Main Street, Providence, RI 02903-13
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
45692

2. Name of Corporation
H. R. M., INC.

3. Street Address Principal Business Office
60 REYNOLDS STREET

City NORTH KINGSTOWN *State* RI *Zip* 02852

4. Business Phone No.
(401) 295-8711

5. State of Incorporation
RHODE ISLAND

6. SIC Code
6551

7. Brief Description of the Character of Business Conducted in Rhode Island
MARINE TRANSPORTATION AND RESCUE

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

President Name
JOHN D. ANDREWS
Street Address
60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name
PETER J. ANDREWS
Street Address
235 ROLLINGWOOD DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Secretary Name
SARAH A. ANDREWS
Street Address
60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Treasurer Name
JOHN D. ANDREWS
Street Address
City *State* *Zip*

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

Director Name
JOHN D. ANDREWS
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
800	COMMON	NO PAR

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

[redacted]

[redacted]

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 *Date* 11/06/02

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 2-27-02

Check No.: 11307

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

5

Form 630 12/01

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

Corporations Divi
100 North Main Street, Providence, RI 02903-1
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE REA
INSTRUCTIO

(FORM MUST BE TYPED IN BLACK)

1. *Corporate Id. No.* 45692 2. *Name of Corporation* H. R. H., INC.

3. *Street Address Principal Business Office* 60 REYNOLDS STREET — *City* NORTH KINGSTOWN — *State* RI — *Zip* 02852

4. *Business Phone No.* (401) 295-8711 — 5. *State of Incorporation* RHODE ISLAND — 6. *Date* 8[illegible]

7. *Brief Description of the Character of Business Conducted in Rhode Island* MARINE TRANSPORTATION AND RESCUE

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

President Name JOHN D. ANDREWS
Street Address 60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

Secretary Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

Treasurer Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

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

Director Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
800	COMMON	NO PAR

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

[redacted]  [redacted]

* 4 5 6 9 2 *

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: 5-8-01

Check No.: 10333

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Signature of Officer — *Date* 3/9/01

Print or Type Name of Officer JOHN D. ANDREWS

Title of Officer PRESIDENT

Form 630 12/00

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

James R. Langevin, Secretary of S
Corporations Divi
100 North Main Street, Providence, RI 02903-1
401-222-3

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. 45692

2. Name of Corporation: H. R. K., INC.

3. Street Address Principal Business Office 60 REYNOLDS STREET

City NORTH KINGSTOWN *State* RI *Zip* 02852

4. Business Phone No. (401) 295-8711

5. State of Incorporation RHODE ISLAND

6. SIC Code 6551

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

MARINE TRANSPORTATION AND RESCUE

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

President Name JOHN D. ANDREWS
Street Address 60 REYNOLDS STREET
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

Secretary Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

Treasurer Name JOHN D. ANDREWS
Street Address
City *State* *Zip*

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

Director Name JOHN ANDREWS
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
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	COM

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
800	COMMON	NO PAR

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

* 4 5 6 9 2 *

File Date: 3/6/00

Check No.: 11266

By: CL

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 *Date*

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/9

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

James E. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3

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.: 45692
2. Name of Corporation: H. R. M., INC.
3. Street Address of Principal Business Office: 60 REYNOLDS STREET
   City: NORTH KINGSTOWN State: RI Zip: 02852
4. Business Phone No.: (401) 295-8711
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6551
7. Brief Description of the Character of Business Conducted in Rhode Island: MARINE TRANSPORTATION AND RESCUE

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

President Name: JOHN D. ANDREWS
Street Address: 60 REYNOLDS STREET
City: NORTH KINGSTOWN State: RI Zip: 02852

Vice President Name: JOHN D. ANDREWS
Street Address:
City: State: Zip:

Secretary Name: JOHN D. ANDREWS
Street Address:
City: State: Zip:

Treasurer Name: JOHN D. ANDREWS
Street Address:
City: State: Zip:

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

Director Name: JOHN D. ANDREWS
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
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	COM

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR

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

* 4 5 6 9 2 *

File Date: feb 16, 99
Check No.: 7157
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.

Signature of Officer — Date: 12/30/98
JOHN D. ANDREWS
Print or Type Name of Officer
PRESIDENT
Title of Officer

Form 31 12/9

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

James R Langevin, Secretary of S
Corporations Divi
100 North Main Street, Providence, RI 02903-1
401-277-3

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. 45692
2. Name of Corporation H. R. M., INC.
3. Street Address Principal Business Office 60 REYNOLDS STREET
City NORTH KINGSTOWN State RI Zip 02852
4. Business Phone No. (401) 295-8711
5. State of Incorporation RHODE ISLAND
6. SIC Code 6551
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE TRANSPORTATION AND RESCUE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name JOHN D. ANDREWS
Street Address 60 REYNOLDS STREET
City NORTH KINGSTOWN State RI Zip 02852

Vice President Name JOHN D. ANDREWS
Street Address
City State Zip

Secretary Name JOHN D. ANDREWS
Street Address
City State Zip

Treasurer Name JOHN D. ANDREWS
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name JOHN D. ANDREWS
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
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	COM

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR

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

* 4 5 6 9 2 *

File Date: 3.30.98
Check No.: 6023
By: WP
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 — Date 3/27/98
JOHN D. ANDREWS
Print or Type Name of Officer
PRESIDENT
Title of Officer

Form 31 12/9

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

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-277-3

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee $ 50.00

STOP: PLEASE READ INSTRUCTION SHEET BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 45692
2. Name of Corporation: H. R. M., INC.
3. Street Address Principal Business Office: 60 REYNOLDS STREET
   City: NORTH KINGSTOWN State: RI Zip: 02852
4. Business Phone No.: (401) 295-8711
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6561
7. Brief Description of the Character of Business Conducted in Rhode Island: MARINE TRANSPORTATION AND RESCUE

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: JOHN D. ANDREWS	Vice President Name: JOHN D. ANDREWS
Street Address: 60 REYNOLDS STREET	Street Address:
City: NORTH KINGSTOWN State: RI Zip: 02852	City: State: Zip:
Secretary Name: JOHN D. ANDREWS	Treasurer Name: JOHN D. ANDREWS
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: JOHN D. ANDREWS	Director Name:
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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 SHS	NO PAR COM		800	COMMON	NO PAR

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

[redacted] * 4 5 6 9 2 *

File Date: 3/24/97
Check No.: 5056
By: CCR
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 2/25/97

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1995

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3

1. CORPORATE ID NO.: 45692
2. NAME OF CORPORATION: R. R. M., INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 60 REYNOLDS STREET
CITY: NORTH KINGSTOWN
STATE: RI
ZIP CODE: 02852
4. BUSINESS PHONE NO.: (401) 295-8711
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 6551
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: MARINE TRANSPORTATION AND RESCUE

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: JOHN D. ANDREWS
STREET ADDRESS: 60 REYNOLDS STREET
CITY: NORTH KINGSTOWN
STATE: RI
ZIP CODE: 02852

VICE PRESIDENT NAME: JOHN D. ANDREWS
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

SECRETARY NAME: JOHN D. ANDREWS
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

TREASURER NAME: JOHN D. ANDREWS
STREET ADDRESS:
CITY:
STATE: RI
ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: JOHN D. ANDREWS
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	COMMON	NO PAR	800	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 contained herein are true and correct.

Signature of Officer

JOHN D. ANDREWS
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/29/96
Date

File Date: 3-11-96
Check No: 4017
By: LHP / CP
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

State of Rhode Island and Providence Plantations

Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPO
Please Type or
File Annually - Jan. 1 - Mar
Filing Fee $5
Make Checks Payable to: Secretary of S

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0042(5)

Annual Report for the year: 1995

Name of Corporation:
H. R. M., INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P. O. Box):

60 Reynolds Street
North Kingstown, RI 02852
Phone: (401) 295-8711

Brief statement of the character of business conducted in Rhode Isla

Marine transportation and rescue

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP COI
PRESIDENT John D. Andrews	60 Reynolds Street	North Kingstown, RI	02852
VICE PRESIDENT John D. Andrews			
SECRETARY John D. Andrews			
TREASURER John D. Andrews			

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP COD
NAME John D. Andrews			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class/Series
1000	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class/Series
800	Common

Date 3/17, 1995

By: John D. Andrews
PRINT OR TYPE: NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

John D. Andrews
60 Reynolds Street
North Kingstown, RI 02852

FILED
MAR 2 2 1995
By cc 2965

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE OR PRINT

State of Rhode Island and Providence Plantations
Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Due Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID 0045692

Annual Report for the year: 1994

Name of Business Entity: H. R. M., INC.

Business entity organized under the laws of the State of: Rhode Island

Business Entity (check one):

Federal Taxpayer Identification Number: [redacted]

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

For foreign entity, address and telephone number of principal office:

N/A

Phone: 401 295-8711

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P. O. Box):

60 Reynolds Street
North Kingstown, RI 02852
Phone: (401) 295-8711

Name, title and mailing address of contact person to whom communications may be directed

John D. Andrews, President
60 Reynolds Street
North Kingstown, RI 02852

Brief statement of the character of business conducted in Rhode Island:

Marine transportation and rescue

Date of Organization:
Date of Qualification to do business in Rhode Island (if foreign entity)
N/A

THE NAMES OF THE OFFICERS ARE:

OFFICER		STREET ADDRESS	CITY/STATE	ZIP CODE
■ PRESIDENT	John D. Andrews	60 Reynolds Street	North Kingstown, RI	02852
■ VICE PRESIDENT	John D. Andrews			
■ SECRETARY	John D. Andrews			
■ TREASURER	John D Andrews			

THE NAMES OF THE DIRECTORS ARE:

NAME John D. Andrews

NAME

NAME

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1000	NUMBER	800
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE	No par value	PAR VALUE	No par value

Date March 15, 1994

By: _____

JOHN D ANDREWS
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC3 must be filed

JOHN D ANDREWS
60 REYNOLDS STREET
NORTH KINGSTOWN RI 02852

Filing Fee $50.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATIONS DIVISION

[illegible] STATE MAIL [illegible]

PROVIDENCE, RHODE [illegible] AND [illegible]

Corporate ID 0045692

Annual Report for the year 1993

FIRST: The name of the corporation is H. R. M., INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is marine transportation

FOURTH: If foreign corporation, address of its principal office Not applicable

FIFTH: Business address in Rhode Island 60 Reynolds Street, North Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers:

John D. Andrews	Director	60 Reynolds Street, North Kingstown, RI 02852
	Director	201 1487
	Director	
John D. Andrews	President	
John D. Andrews	Vice President	
John D. Andrews	Secretary	
John D. Andrews	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value
1000	Common		No Par

EIGHTH: Number of Shares issued:

PAID

MAR 03 1993

COPY OF STAT

No. of Shares	Class	Series	Par Value
800	Common		No Par

Date: February 15, 1993

H. R. M., INC.

By _____

John D. Andrews, President

Filing Fee $50.00

884 To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045692 Annual Report for the year 1992

FIRST: The name of the corporation is H. R. M., INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is marine transportation

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 60 Reynolds Street, North Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John D. Andrews	Director	60 Reynolds Street, N. Kingstown, RI 02852
	Director	
	Director	
John D. Andrews	President	
John D. Andrews	Vice President	
John D. Andrews	Secretary	
John D. Andrews	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

Rec'd & Filed MAR 26 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

Dated February 19 92

H. R. M., INC.
(Name of Corporation)

By

Title John D. Andrews, President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00036992 Annual Report for the year 1991

FIRST: The name of the corporation is H. R. M., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is marine transportation

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 60 Reynolds Street, North Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John D. Andrews	Director	60 Reynolds Street, N.Kingstown, RI 02852
	Director	
	Director	
John D. Andrews	President	
John D. Andrews	Vice President	
John D. Andrews	Secretary	
John D. Andrews	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

PAID
APR 14 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

Dated February 19 91

H. R. M., INC.
(Name of Corporation)

By JOHN D. ANDREWS / President

Title

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

Due [illegible] January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATION DIVISION
100 N. MAIN STREET
PROVIDENCE 3

Corporate ID [illegible] Annual Report for the year 1990

FIRST: The name of the corporation is H. R. M., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is marine transportation

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island

60 Reynolds Street, North Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John D. Andrews	Director	60 Reynolds St., N.Kingstown, RI 02852
	Director	
	Director	
John D. Andrews	President	
John D. Andrews	Vice President	
John D. Andrews	Secretary	
John D. Andrews	Treasurer	

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

Rec'd & Filed MAR 29 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

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SECRETARY OF STATE
Mar 29 3 31 PM

Dated February 19 90

H. R. M., INC.
(Name of Corporation)

By JOHN D. ANDREWS

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1 85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN ST.
PROVIDENCE, RHODE ISLAND

Corporate ID 45642 Annual Report for the year 1989

FIRST: The name of the corporation is H.R.M., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is marine transportation

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island

60 Reynolds Street, North Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John D. Andrews	Director	60 Reynolds St., N.Kingstown, RI 02852
	Director	
	Director	
John D. Andrews	President	" "
John D. Andrews	Vice President	" "
John D. Andrews	Secretary	" "
John D. Andrews	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

PAID

MAR 13 1989

SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

Dated February 19 89

H.R.M., INC.
(Name of Corporation)

By JOHN D. ANDREWS

Title President

(Report must be signed by an officer)