



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.

107434

2. Name of Corporation

F/V Sea Horse, Inc.

3. Street Address Principal Business Office

P. O. Box 304

City

Wakefield

State

RI

Zip

02879

4. Business Phone No.

783-5508

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2246

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

own and operate a fishing vessel and any other lawful business

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

President Name

Vice President Name

Street Address Michael D. Eddy

Street Address Michael E. Eddy

P. O. Box 304

P. O. Box 304

City

State

Zip

Wakefield RI

02879

City

State

Zip

Wakefield

RI

02879

Secretary Name

Michael D. Eddy

Treasurer Name

Michael D. Eddy

Street Address

Street Address

P. O. Box 304

P. O. Box 304

City

State

Zip

Wakefield RI

02879

City

State

Zip

Wakefield

RI

02879

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

Director Name

Director Name

Michael D. Eddy

Street Address

Street Address

P. O. Box 304

City

State

Zip

Wakefield, RI

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)

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

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 7 4 3 4 *

File Date: 1-19-01

Check No.: 3817

By: SA

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 Michael D. Eddy, 1-15-01
Date

Michael D. Eddy

Print or Type Name of Officer

President

Title of Officer