Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filling Period: January 1-March 1 • Filling Fee: \$50).(0	C

(FORM	MUST	ЯE	TYPED	IN	BLACK)
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3. Street Address Principal Business Office

1. Corporate ID No.

2. Name of Corporation

107434

F/V Sea Horse, Inc.

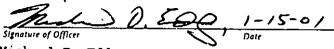
					- 7	3.011		ZIP	
	P. O.	Box	304		Wakefield	RI		02879	
4. Business Phone No).			5. State of Incorpora	tion			6. SIC Code	
	783-55			RHODE ISL	AND			2246	
7. Brief Description o	f the Charac	ter of Bu	siness Conduct	ted in Rhode Island					
	own ar	nd op	erate a	fishing vessel	and any other la	awful business			
8. NAMES ANT	ADDRE	SSES	OF THE O	FFICERS ("X" BOX FOR A		PACES BEFORE USIN	C ATTACÜM	ENTE	
President Name			_		Vice President Name	TACES DEFORE OSITI	G ALIACHM	ENIS .	
Street Address	Michae	er D.	Eddy		Michae Street Address	el E. Eddy			
	P. O.	Box	304			Box 304			
City	- ' ' '		late	Zip	Clty				
	Wakefi	e]d	RΤ	02879	Wakef:	State i a l d	DT	Zip 02070	
Secretary Name	, anc.		1\1	02075			RI	., 02879	
,	Michae	n n	Edda.		Treasurer Name	-1 D D13-			
Street Address	Michae	ı D.	Eddy	-	•	el D. Eddy			
, , , , , , , , , , , , , , , , , , ,	D 0	D	204		Street Address	- 004			
City	P. O.				P. O.	Box 304			
City			ate	Zip	· City	State	_	Zip	
_ =	Wakef.i		RI	02879	Wakef:		RI	02879	•
9. NAMES AND	ADDRE	SSES (OF THE D	IRECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACH	MENTS	
Director Name					Director Name				
_	Michae	el D.	Eddy		:				
Street Address					Street Address				•
	P. O.	Box	304		;				
City		, St	ate	Zip	City	State	_	T Zip	
	Wakefi	eld,	RI	02879	•	•		•	
Olrector Name	•		•		. Director Name	•• •••• •• •• •• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		·•·· ·• ·
					•				
itreet Address					. Street Address			-	
					:				
Sity		St	ate	Zip	City	State	•	71.	
		1		1	:	15000		Zip 	
O. SHARES AU	THORIZI	ED (*x	BOX FOR A	TITACULACAIT)	11 SUABRE LE				
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			III. SHAKES 155	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
lumber of Shares		CI	ass/Series	Par Value	†	1	_	т .	
		٠,		FAT VOINE	Number of Shares	¹ Class/Series †	-	Par Value	
600 NO PA	R VALU	E			100	common	ı	no par	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 D. Eddy Print or Type Name of Officer

President

Title of Officer

