



**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. Corporate ID No. 132039		2. Name of Corporation GARDNER'S WHARF SEAFOOD, INC.			
3. Street Address Principal Business Office 170 MAIN STREET			City NORTH KINGSTON	State RI	Zip 02852
4. Business Phone No. 401-295-4600		5. State of Incorporation RHODE ISLAND			6. SIC Code 42290
7. Brief Description of the Character of Business Conducted in Rhode Island SEAFOOD SALES WHOLESALE AND RETAIL BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT G. JOHNSTON			Vice President Name PETER L. CHEVALIER		
Street Address 8 SCHOONER COVE LANE			Street Address 118 GREEN MEADOW CIRCLE		
City NARRAGANSETT	State RI	Zip 02882	City NORTH KINGSTON	State RI	Zip 02852
Secretary Name			Treasurer Name KEVIN B. BATES		
Street Address			Street Address 40 ACRES OF PINE RD.		
City	State	Zip	City COVENTRY	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name SAME		
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
1,000	NO PAR VALUE		1,000	COMMON	NO PAR

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



**FILED**  
File Date: MAR 18 2005 276  
Check No.:  
By: ICB  
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.

Robert G. Johnston 3-15-05  
Signature of Officer Date  
ROBERT G. JOHNSTON  
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

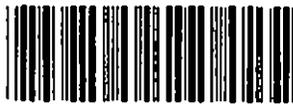
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ROBERT G JOHNSON		Vice President Name PETER L CHEVALIER		
Street Address 34 PLEASANT STREET		Street Address 117 GREENMEADOW CIRCLE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI
Secretary Name		Treasurer Name KAVIN B BATES		
Street Address		Street Address 36 ATLANTIC AVE		
City	State	Zip	City WEST WARWICK	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Director Name SAMR		Director Name SAMR		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name SAMR		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE			1000	COMMON
				NO PAR

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



\* 1 3 2 0 3 9 \*

File Date 6-29-04  
Check No 1918  
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.

KAVIN B BATES 3-22-04  
Signature of Officer Date  
KAVIN B BATES  
Print or Type Name of Officer  
Treasurer  
Title of Officer