

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Corporations Division 148 W. River St Providence, RI 02904-2615 401.222.3040 VL

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2007	2	AY
iling Period: January 1 - March 1 • Filing Fee: \$50.00*			6197 27
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty	(30) days after	the time	prescribed by

iaw (R.I.G.L. /-1.2-1301(cca)) ii	s subject to a penaity J	ee oj \$25.00.				
1. Corporate ID No.	2. Name of Corporation				· .	
120597	ELITE MARINE RE	EPAIR, INC.				
3. Street Address Principal Business Office FT Division Street		City East Greenwich	State RI	2ip 02818		
4. Business Phone No.		5. State of Incorporation			Control of the contro	
401-885-4585 RHODE ISLAND		2		2		
6. Brief Description of the Character	•	Phode Island		•	$C_{ij}^{c}$	
TO ENGAGE IN THE BUSII			and the second s		•	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	Table Control of the	ES BEFORE USING	ATTACHMENTS	
President Name		Vice President Name Christopher Bellows				
Christopher Bellows		•				
Street Address			Street Address P.O. Box 1206			
P.O. Box 1206	State	Zip	City	State	Zip	
	1	1 *	; *	RI	02818	
East.Greenwich	lRI	J02818	East Greenwich Treasurer Name	l	JV.4.0.1.0	
Christopher Bellows			Christopher Bellows			
Street Address			Street Address			
P.O. Box 1206			P.O. Box 1206			
City East Greenwich	State RI	<i>Zip</i> 02818	City East Greenwich	State RI	2 <i>i</i> ρ 0281δ <sup>2</sup>	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	4 <i>CHMENT</i> ). □ FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Director Name	The second of the second secon	The state of the s	Director Name	and femore and a minute	**	
Christopher Bellows						
Street Address			Street Address			
P.O. Box 1206	· · · · · · · · · · · · · · · · · · ·				Marin and	
City East Greenwich	State RI	Zip 02818	City	State	Zip	
Director Name	J	J	Director Name		A	
					 On	
Street Address		Street Address	· · · · · · · · · · · · · · · · · · ·	2		
					€}	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED (*	X" BOX FOR ATTAC	HMENT)	. 10. SHARES ISSUED ("X	BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$.01 PAR VALUE			100	Common	\$0.01 par	
This report must be executed of	on behalf of the corpo	oration by an authorized	representative. If the corpor	ation is in the hands	of a receiver or trustee	
this report must be executed o	n behalf of the corpo	ration by the receiver or	trustee.			
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					ments, and that all statements	
FILED"	1/2059/		00-10-00	and correct.		
File Date		X/1/202 5-2/-07				
DEC 1 8 2007 Signature Date					Date	
Check No. Office 7			g			
By 04411/ 11:24/			Christopher Bellows Print or Type Name			
By:						
			Drogidon*			
FOR SECRETARY OF STAT	E USE ONLY		President Title			