



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000153142		2. Name of Corporation Aquidneck Mooring Company			
3. Street Address Principal Business Office 37 ELMWOOD AVE			City Middletown	State RI	Zip 02842
4. Business Phone No. 401-851-1212		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Mooring Installation & Maintenance					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory DeAscentis			Vice President Name Laura DeAscentis		
Street Address 37 ELMWOOD AVE			Street Address 37 ELMWOOD AVE		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Laura DeAscentis			Treasurer Name Laura DeAscentis		
Street Address 37 ELMWOOD AVE			Street Address 37 ELMWOOD AVE		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory DeAscentis			Director Name Laura DeAscentis		
Street Address 37 ELMWOOD AVE			Street Address 37 ELMWOOD AVE		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		0.01	NONE		
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date: FEB 08 2008
Check No.:
By: DS-1188
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: Laura DeAscentis Date: 1-29-08
Print or Type Name: Laura DeAscentis
Title: Vice President