

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __2008

401.222.3040

_20-744 /18	Name of Corporation SLAND TRANSPO		PORT MUST BE TYPE ing to file its annual report		
3. Street Address Principal Business Office 19 MANITRON DRIVE			City PORTSMOUTH	State RI	Zip
4. Business Phone No. 401-253-9808	1 1	State of Incorporation RHODE ISLAND			02871
6. Brief Description of the Character of Busi TO ENGAGE IN THE CONSTR 7. NAMES AND ADDRESSES OF T	iness Conducted in Rhod UCTION, PURCHA	le Island ASE, OWNERSHIP	, OPERATION AND CON	VTROL OF VESSELS	
resident Name	THE OFFICERS: (*	X" BOX FOR ATTA	CHMENT) [FILL IN S.	PACES BEFORE USING	G ATTACHMENTS
BRUCE G. MEDLEY			Vice President Name HARRY J. CHURCH		
Street Address 300 WEST MAIN ROAD City			Street Address 19 MANITRON DRIVE		
PORTSMOUTH RI	Zij	, 2871	City	State	Zip
ecretary Name		-Gr	PORTSMOUTH Treasurer Name	RI	02871
BRUCE G. MEDLEY			HARRY J. CHURCH		***************************************
300 WEST MAIN ROAD			Street Address		
State	State Zip		19 MANITRON DRIVE		
PORTSMOUTH RI	los	971	PORTSMOUTH	State RI	Zip
NAMES AND ADDRESSES OF THE PROCESSES OF			Director Name	PRICES BEFORE USIN	G ATTACHMENTS
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y State	Zip		Street Address City	State	
	Zip		City	State	Zip
y State	Zip			State	Zip
y State	Zip		City	State	Zip
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y State vector Name vet Address State	Zip	•	City Director Name Street Address City	State	Zip
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State ext Address State State SHARES AUTHORIZED ("X" BO. THORIZED SHARES nber of Shares Class/Ser	X FOR ATTACHME Ses Par Va N NO PAR V	(ALUE	City Director Name Street Address City 10. SHARES ISSUED (**. ISSUED SHARES — THIS SECTION Vumber of Shares	State X" BOX FOR ATTACH ON MUST BE COMPLETED Class/Series COMMON	Zip [MENT] [] Par Value 0

including any accompanying schedules and statements, and that all statements contained here are true and correct. **FILED** File Date BRUCE G. MEDL Print or Type Name **PRESIDENT** FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 12/06