RI SOS Filing Number: 200809024490 Date: 02/19/2008 4:00 PM

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.	2. Name of Corporation			
136432	Harbor Shipping, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
11 MEMORIAL BOULEVARD		NEWPORT	RI	02840
4. Business Phone No.	5. State of Incorporation			
401-849-1510	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
THE AQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
CHRISTOPHER P. KEANE			CHRISTOPHER P. KEANE		
Street Address			Street Address		
300 PARK AVENUE, 17TH FLOOR			300 PARK AVENUE, 17TH FLOOR		
City	State	Zip	City	State	Zip
NEW YORK	NY	10022	NEW YORK	NY	10022
Secretary Name			Treasurer Name		
CHRISTOPHER P. KEANE			CHRISTOPHER P. KEANE		
Street Address			Street Address		
300 PARK AVENUE, 17TH FLOOR			300 PARK AVENUE, 17TH FLOOR		
City	State	Zip	City	State	Zip
NEW YORK	NY	10022	NEW YORK	NY	10022

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
CHRISTOPHER P. KEANE					
Street Address			Street Address		
300 PARK AVENUE, 17TH FLOOR					
City	State	Zip	City	State	Zip
NEW YORK	NY	10022			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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 *Date*

CHRISTOPHER P. KEANE
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date FEB 19 2008
Check No. 95554
By: By
20889-27-234103
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Form 630 Rev. 12/06