

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 401.222.

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 falling 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 penali	y fee of \$25.00.	r ^a				
1. Corporate ID No.	2. Name of Corporat						
35049	usiness Office	BOATS, INC					
3. Street Address Principal Bu	isiness Office		City	State	Zip		
357 TH	hames ST.	5. State of Incorporation	NEWPORT	M	02840		
401 846	8415 aracter of Business Conducted :	CT					
6. Brief Description of the Cha	aracter of Business Conducted	in Rhode Island	N OF SAURO	MIS + HECE	25 MM ER		
DESIEN	MARKETING	+ DISTMBUTIO		• •			
7. NAMES AND ADDR President Name	ESSES OF THE OFFICE	S: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Vice President Name	es before using A.	HACHMENIS		
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JEFFREM S JOHNSTANE			R ARAN JOHNSTONE				
Street Aggress			Street Address 243 FARM HOLLE ND City State CT D6378				
	MCBINETO C.S	7/5	City	State	7/0		
PNAT	ANG MANTS State NT	0787/	STALINGIM	CT	06378		
Secretary Name			Treasurer Name				
PHILIP JOHNSTONE							
Street Address			R STANT JOHNSTONE Street Address				
STONING TON CT 06378			CHY CHICAGO STATE IL Zip 60610				
City	State	Zip	City	State	Zip		
STONING TON	CT	06378	CHICATED	12	60610		
8. NAMES AND ADDR	ESSES OF THE DIRECT	ORS: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
t. Dru	akt John	2154F					
Street Address	AKE JOHN ELLOGE DA ULL State VA		Street Address				
330 K	ELLOGE UT	LIVE		Lac	a.		
City	state V A	77507	City	State	Zip		
CUMMU 11050			* TS'				
Inrector Name			Director Name				
Carried and delicated			Street Address				
Street Address			Street Address				
City	State	Zip	‡ <i>CB</i> γ	State	Zip		
		•					
9. SHARES AUTHORIZ	ED ("X" BOX FOR AT	(ACHMENT) 🗍	10. SHARES ISSUED ("X	" BOX FOR ATTACHN	rent) □		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTIO	1 3 TO 1 3 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ue una tre lad e dispresa di sessa.		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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5,000	COMMON	\$10	1,000	COMMON	9.20		
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			d representative. If the corpo	ration is in the hands o	of a receiver or trustee,		
this espect must be ave	opted on bohalf of the co	emoration by the receiver	se tructos				

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File Date	FIL	ED			
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By By:) \	2		
1	FOR SECRE	TARY OF	STATE USI	EONLY	

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.
3 3 0 8
Signature Date
JEFFREY S TONISING
Print or Type Name
President
Title