

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(e\overline{c}\overline{d})) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>2417</b>	2. Name of Corporation BILLINGTON COVE MARINA, INC.				
3. Street Address Principal Business Office 557 Pond Street			Giy Wakefield	State Rhode Island	<sup>2ip</sup> 02879
4. Business Phone No. 5. State of Incorporation Rhode Island					•
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name John D. Phillips			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Mary Ellen Phillips		
Street Address 557 Pond Street			Street Address 557 Pond Street		
City Wakefield	State Rhode Island	<sup>Zip</sup> 02879	City Wakefield	State Rhode Island	<sup>Ζiρ</sup> 02879
Secretary Nume Mary Ellen Phillips			Treasurer Name John D. Phillips		
Street Address 557 Pond Street			Street Address 557 Pond Street		
City Wakefield	State Rhode Island	<sup>Ζίρ</sup> 02879	City Wakefield	State Rhode Island	<sup>Ζιρ</sup> 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name John D. Phillips			Director Name Mary Ellen Phillips		
5treet Address 557 Pond Street			Street Address 557 Pond Street		
City Wakefield Director Name	State Rhode Island	7.φ 02879	City Wakefield Director Name	State Rhode Island	<sup>Zip</sup> 02879
Street Address			Street Address		
City	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	common	\$1.00
This report must be executed of				orporation is in the hands o	f a receiver or trustee,
this report must be executed or	n behalf of the corpo	ration by the receiver of	or trustee.		
				erjury, I declare and affirm that	
File Date FILED  Check No. SEP 2 2 200	8		contained hosein a	impanying schedules and statemetrue and correct.	nents, and that all statements  9/11/2008
By: By 1008)	<u>ر</u>	_	Printer Type Name		
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