



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 2009

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. 1095100 | | 2. Name of Corporation RUSSO'S MARINE MART INC | | | |
| 3. Street Address Principal Business Office 291 MUSTER AVE | | City MEDFORD | State MA | Zip 02155 | |
| 4. Business Phone No. 781.395.0050 | | 5. State of Incorporation MASS | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name LAURENCE J. RUSSO SR. | | Vice President Name | | | |
| Street Address 181 North St | | Street Address | | | |
| City Stonham | State MA | Zip 02180 | City | State | Zip |
| Secretary Name PAULENE RUSSO | | Treasurer Name LAURENCE J. RUSSO SR | | | |
| Street Address 181 North St | | Street Address 181 North St | | | |
| City Stonham | State MA | Zip 02180 | City Stonham | State MA | Zip 02180 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name LAURENCE J. RUSSO SR. | | Director Name PAULENE RUSSO | | | |
| Street Address 181 North St | | Street Address 181 North St | | | |
| City Stonham | State MA | Zip 02180 | City Stonham | State MA | Zip 02180 |
| 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 |
| 1,000 | COMM NO PAR VALUE | | 1,000 | COMMON | NPV |

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 | DEC 18 2008 |
| Check No. | |
| By: | By 101014 |
| 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: LAURENCE J. RUSSO SR. Date: 12.16.08
Print or Type Name: LAURENCE J. RUSSO SR.
Title: President