



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 44337		2. Name of Corporation Ocean State Harley-Davidson, Inc.			
3. Street Address Principal Business Office 5 Albany Road		City Watwick	State RI	Zip 02888	
4. Business Phone No. 401-781-6866		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island motorcycle + related product sales + service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Russell D. Hampton		Vice President Name BARBARA HAMPTON			
Street Address 5 Albany Road		Street Address 5 Albany Road			
City Watwick	State RI	Zip 02888	City Watwick	State RI	Zip 02888
Secretary Name BARBARA HAMPTON		Treasurer Name RUSSELL D. HAMPTON			
Street Address 5 Albany Road		Street Address 5 Albany Road			
City Watwick	State RI	Zip 02888	City Watwick	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RUSSELL D. HAMPTON		Director Name BARBARA HAMPTON			
Street Address 5 Albany Road		Street Address 5 Albany Road			
City Watwick	State RI	Zip 02888	City Watwick	State RI	Zip 02888
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series Common	Par Value NO PAR

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.

File Date **FILED**  
Check No. **JAN 07 2009**  
By: **25797**  
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 **Barbara Hampton** Date **1/3/09**  
Print or Type Name **BARBARA HAMPTON**  
Title **VICE-PRESIDENT**