



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. 87024		2. Name of Corporation Scandia Marine, Inc.		
3. Street Address Principal Business Office 337 Nanaquaket Rd		City Tiverton	State RI	Zip 02878
4. Business Phone No. 401 625 5881		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN MARINE REPAIR				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Hermann F. Hinrichsen		Vice President Name None		
Street Address 337 Nanaquaket Rd		Street Address		
City Tiverton	State RI	Zip 02878	City	State RI
Secretary Name Clerk Ronald J Lowenstein		Treasurer Name Hermann F Hinrichsen		
Street Address 40 William St		Street Address 337 Nanaquaket Rd		
City Newport	State RI	Zip 02840	City Tiverton	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Hermann F. Hinrichsen		Director Name None		
Street Address Same		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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. 8,000 No Par Value		Number of Shares 100	Class/Series Common	Par Value None

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	JAN 15 2009
Check No.	01-3855
By:	
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.

Hermann F. Hinrichsen 1-8-09
Signature Date
HERMANN F. HINRICHSEN
Print or Type Name
President
Title