



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.<br>41603                                                                                                       |              | 2. Name of Corporation<br>Silver Spring Marine, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>362 Pond Street                                                                     |              |                                                      | City<br>Wakefield                                                   | State<br>RI  | Zip<br>02879 |
| 4. Business Phone No.<br>(401) 783-0783                                                                                            |              | 5. State of Incorporation<br>RHODE ISLAND            |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Marina Operation, Marine Sales and Service          |              |                                                      |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                      |                                                                     |              |              |
| President Name<br>Lynn E. Fiorenzano                                                                                               |              |                                                      | Vice President Name<br>Nicholas A. Marzilli                         |              |              |
| Street Address<br>525 Gravelly Hill Road                                                                                           |              |                                                      | Street Address<br>525 Gravelly Hill Road                            |              |              |
| City<br>Wakefield                                                                                                                  | State<br>RI  | Zip<br>02879                                         | City<br>Wakefield                                                   | State<br>RI  | Zip<br>02879 |
| Secretary Name<br>Nicholas A. Marzilli                                                                                             |              |                                                      | Treasurer Name<br>Lynn E. Fiorenzano                                |              |              |
| Street Address<br>525 Gravelly Hill Road                                                                                           |              |                                                      | Street Address<br>525 Gravelly Hill Road                            |              |              |
| City<br>Wakefield                                                                                                                  | State<br>RI  | Zip<br>02879                                         | City<br>Wakefield                                                   | State<br>RI  | Zip<br>02879 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                      |                                                                     |              |              |
| Director Name<br>Nicholas A. Marzilli                                                                                              |              |                                                      | Director Name<br>Lynn E. Fiorenzano                                 |              |              |
| Street Address<br>525 Gravelly Hill Road                                                                                           |              |                                                      | Street Address<br>525 Gravelly Hill Road                            |              |              |
| City<br>Wakefield                                                                                                                  | State<br>RI  | Zip<br>02879                                         | City<br>Wakefield                                                   | State<br>RI  | Zip<br>02879 |
| 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    |
| 4,000 NO PAR VALUE                                                                                                                 |              |                                                      | 4,000                                                               | Common       | No Par Value |
|                                                                                                                                    |              |                                                      |                                                                     |              |              |

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                       | 2-4-09 |
| Check No.                       | 11061  |
| By:                             | MNC    |
| 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: Date: 1/26/09  
Print or Type Name: Lynn E. Fiorenzano  
Title: President