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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. 18430		2. Name of Corporation Lavin's Marina, Inc.			
3. Street Address Principal Business Office 110 Shore Drive			City Barrington	State RI	Zip 02806
4. Business Phone No. 401-246-1180		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 ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert M. Lavin			Vice President Name Maryanne Bender		
Street Address 38 Centennial Avenue			Street Address 49 James Byrnes Street		
City Barrington	State RI	Zip 02806	City Beauford	State SC	Zip 29907
Secretary Name Barbara Porter			Treasurer Name Paul B. Lavin		
Street Address 32 Woodbine Avenue			Street Address 1 Chestnut Street, #318		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
U! jtljogpsn bypoljtdvssf our!pgsf dpse!jo!u f!Pgjdff!pgu f!Tf dsf ubsz!pg Tubuf!!!Di bohft!sf r vjsf!bo!beeljyobrtg rtoh!!!Tff!Tf dypol!pg iot usdupo!t!ffu			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 90	Class/Series Common	Par Value 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 **FILED**
Check No. **FEB 17 2009**
By: **19212**
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 **Robert M. Lavin** Date **2/13/09**
Print or Type Name **Robert M. Lavin**
Title **President**