

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

401.222.30Filing 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(e&rd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2 Name of Corporation Vacht Company					
3. Street Address Principal Business Of NATRAGAA	' III	ve.	JAMESTOWN	State I	02835
4. Business Phone No. 1/01-423-0400 5. State of Incorporation D L					
6. Brief Description of the Character of Business Conducted in Rhode Island To Operate A Vacht Charter Business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name T. PATRICK M. 4 INTY re			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Adjress Box 86			Street Address		
City 14 mostown	State R T	02836	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
J. PATRICK USINTYPE			Director Name		
P.O. Box 86			Street Address		
Jamestown	State R. I	835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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.			Number of Shares	Class/Series	Par Value
			1,000.00	CNP	0.00
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.					
Under penalty of perjury, I declare and affirm that I have examined this report					
including any accompanying schedules and statements, and that all contained herein are troo and toward.					
File Date FEB 1 7 2009 Signature Date					
Check No. By 3436		J. PATri Prim or Type Name	J. PATRICK MG INTYRE Prim or Type Name		
FOR SECRETARY OF STA	ATE USE ONLY		■ Preside	nt	**************************************
		i	Title		Form 630 Rev. 08/08