

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

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. 20451	2. Name of Corporation	2. Name of Corporation Point Judith Welding & Fabricating, Inc.									
3. Street Address Principal Business Office 270 Point Judith Road			<sup>Сиу</sup> Narragansett	State Rhode Island	<i>Ζi</i> μ <b>02882</b>						
4. Business Phone No. 5. State of Incorporation Rhode Island											
<ol><li>Brief Description of the Chara Repairs on steel related</li></ol>			bster Boats								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Joseph O. Laurie Street Address 51 Maplehurst Drive			Vice President Name Judy A. Laurie  Street Address 51 Maplehurst Drive								
						Narragansett	Rhode Island	02882	Narragansett	State Rhode Island	<sup>Zip</sup> <b>02882</b>
						Secretary Name Joseph O. Laurie			Treasurer Name Judy A. Laurie		
Street Address 51 Maplehurst Drive			Street Address 51 Maplehurst Drive								
<sub>Сіву</sub> <b>Narraganset</b> t	State Rhode Island	<sup>Zip</sup> <b>02882</b>	Сиу <b>Narragansett</b>	State Rhode Island	<sup>Zip</sup> 02882						
8. NAMES AND ADDRES Director Name	SSES OF THE DIRECTOR	RS: ("X" BOX FOR ATT	TACHMENT)   FILL IN SPACE  Director Name	CES BEFORE USING	ATTACHMENTS						
Street Address			Street Address								
Сйу	State	Zip	Сііу	State	Zip						
Director Name	J	J	Director Name								
Street Address			Street Address								
City	State	Zip	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			Number of Shares	Class/Series	Par Value						
State. Changes require an additional filing. See Section 9 of instruction sheet.			100 COMM NO PAR VA	4							
			ed representative. If the corpor	ation is in the hands	of a receiver or trustee,						
this report must be execu	uted on behalf of the cor	poration by the receiver	or trustee.								
-11	ED				at I have examined this repo ements, and that all stateme						
1-11	-ED		contained herein are true								
File Date FEB	1 9 2009		Signature Signature	Israen Dawn	e Tel- 3, 2007						
Check No.	<u> </u>		Joseph Oscar L	aurie	Duic						
RA 2/	<u>U 12</u>		Print or Type Name	udito							
Ву:			President / Sec	retary							
FOR SECRETARY	OF STATE USE ONLY		Title	<u> </u>	<del> </del>						
					Form 630 Rev. 08/0						