

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	:-1301(e), each corporation j	illing or regusing to file its ann	ual report within thirty (30) a	uays after the time prescribed by id	w (R.I.G.L. /-1.2-1501(coa)) is
1. Corporate ID No. 151341	2. Name of Corporation Pedrick Marine Holdings, Ltd.				
3. Street Address Principal Business Office 67 Second Street			City Newport	State RI	<i>Ζιρ</i> 02840
4. Business Phone No. (401) 846-8481		5. State of Incorporation Rhode Island			
6. Brief Description of the Characte To own and operate a mai					
7. NAMES AND ADDRESSE President Name Laura Freedman Pedric		("X" BOX FOR ATTA	CHMENT)  FILL IN  Vice President Name  Laura Freedman F		ATTACHMENTS
Street Address 67 Second Street			Street Address 67 Second Street		
Gip Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<sup>Zip</sup> 02840
Secretary Name Laura Freedman Pedrick			Treasurer Name Laura Freedman Pedrick		
Street Address 67 Second Street			Street Address 67 Second Street		
City Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<sup>Ζίρ</sup> 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Laura Freedman Pedrick			TACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 67 Second Street			Street Address		
City Newport	State RI	<i>Ζip</i> 02840	City	State	Zip
Director Name		.)	Director Name		
Street Address			Street Address		
City	State	Ζip	Citv	State	Zip
9. SHARES AUTHORIZED	1	ı		   <i>("X" BOX FOR ATTACE</i>   ECTION <u>MUST</u> 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
			200	Common	No Par Value
This report must be execute this report must be executed				corporation is in the hand	s of a receiver or trustee,
ins report must be executed	on benan of the corp	oration by the receiver	or trustee.		
F	ILED		including any ac	perjury, I declare and affirm companying schedules and sta are true and correct.	atements, and that all statements
File Date  Check No. FEB	25 2009		Signature		2-17-09 Date
By \7403			LAMBA FREEDMAN PEDRICIC Print or Type Name		
FOR SECRETARY OF S	TATE USE ONLY		- Mesic	tent	