



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

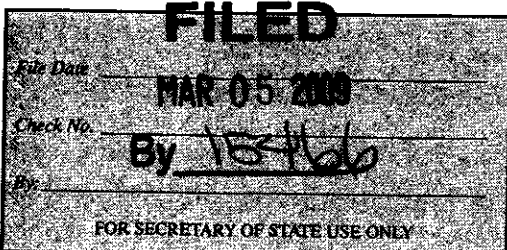
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**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. <b>42257</b>		2. Name of Corporation <b>EAST BAY DIVE CENTER, INC.</b>			
3. Street Address Principal Business Office <b>8 Church Street</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885-0000</b>
4. Business Phone No. <b>(401) 247-2420</b>		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>skin diving and scuba diving</b>					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>David J. LaBrecque</b>			Vice President Name <b>David J. LaBrecque</b>		
Street Address <b>721 Hope Street</b>			Street Address <b>721 Hope Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>
Secretary Name <b>Louis A. Sousa</b>			Treasurer Name <b>David J. LaBrecque</b>		
Street Address <b>5 Benefit Street</b>			Street Address <b>721 Hope Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>David J. LaBrecque</b>			Director Name <b>none</b>		
Street Address <b>721 Hope Street</b>			Street Address <b>none</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>No Par</b>
			<b>THIS SECTION MUST BE COMPLETED</b>		

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 statements contained herein are true and correct.

Signature: David J. LaBrecque Date: 01/05/09

Print or Type Name: David J. LaBrecque  
Title: President

Title: \_\_\_\_\_