

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).

| ### ADDE ISLAND ATTICLE Compound of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution of the Character of Business Conducted in Wester Institution Services Institution of the Character of Business Conducted Institution of the Character of Business Conducted Institution of the Character of Business Conducted Institution Institution of the Character Institution of the Character Institution Inst | Moody Am | erica, Inc. | | | |
|--|---|--|--|----------------------------|--|
| S. Suite of Incorporation (A) 1-68-32200 (A) 1-69-7 [Procuputary of the Character of Hashes Conducted in Block bland MARKETINS, SALE AND SERVICE OF SAIL BOATS, YACHTS, AND ALL COMPONENT PARTS THEREOF (T. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ("Ver President Name") JOIN Rotenberg Street Address 110 Newbury Street, Suite 3F ("A) Steven M. McInnis Street Address 38 Bellevue Avenue, Suite H Street Address 39 Bellevue Avenue, Suite H Newport RI 02840 O2840 Poston MA O2116 Director Name Join Rotenberg Street Address 110 Newbury Street, Suite 3F ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS William Address 110 Newbury Street, Suite 3F ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Join Rotenberg Street Address Join Rotenberg Street Address | iness Office IAD | | PORTSMOUTH | | |
| MARKETING, SALE AND SERVICE OF SAIL BOATS, YACHTS, AND ALL COMPONENT PARTS THEREOF 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 1/10 Newbury Street, Suite 3F 3/10 | 101 000 | | <u> </u> | | |
| Vice President Name | ND SERVICE OF S | AIL BOATS, YACHTS, AND | | | |
| ### State St | SSES OF THE OFFI | CERS: ("X" BOX FOR ATTA | | PACES BEFORE USING | ATTACHMENTS |
| Boston MA Ó2116 **Servetary Name** Steven M. McInnis **Steven M. McInnis** **Steven Address** **Ste | Suite 3F | | Street Address | | |
| Steven M. McInnis Street Address St | | | City | State | Zip |
| 38 Bellevue Avenue, Suite H State Newport RI 02840 | · · · · · · · · · · · · · · · · · · · | | | | |
| Newport RI RI 02840 Boston MA 02116 S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Join Rotenberg Street Address 110 Newbury Street, Suite 3F City State Zip City State Zip Boston MA 02116 Director Name Street Address Alter Zip Other Address The Address The Address Street Address The Address Street Address The Address Street Address The Address Street Address Street Address The State Zip Other Address 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. This information sheet. | Street Address 38 Bellevue Avenue, Suite H | | | Suite 3F | |
| Street Address Street Address | | Zip 02840 | City | State | |
| 110 Newbury Street, Suite 3F City Boston MA O2116 Director Name Street Address Age City Director Name Street Address Age City State Director Name State Age City State City State Age City State Age City State Age City State City | SSES OF THE DIRE | CTORS: ("X" BOX FOR ATI | _ | SPACES BEFORE USIN | NG ATTACHMENTS |
| Boston MA 02116 Director Name State MA 02116 Director Name Street Address Street Address Director Name State Zip D. 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. 100 Common \$.01 Par | Street Address 110 Newbury Street, Suite 3F | | Street Address | | |
| Director Name Street Address Street Address State Zip City State Zip D. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Pear Value State. Changes require an additional filing. See Section 9 of instruction sheet. Director Name State All Director Name State City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Pear Value 100 Common \$.01 Par | State | I | City | State | Zip |
| Only State Zip State Zip 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 Steries Par Value 100 Common \$.01 Par | J.IVIA | J 02 1 10 | Director Name | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED 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. 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares 100 Common \$.01 Par | Street Address | | Street Address | | |
| 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 MEST BE COMPLETED Number of Shares Class/Series Par Value \$.01 Par | State | Zifi | City | State | Zip |
| State. Changes require an additional filing. See Section 9 of instruction sheet. 100 Common \$.01 Par | D | I | | | |
| instruction sheet. | • | 2 | | 1 | |
| | m additional filing. | See Section 9 of | 100 | Common | \$.01 Par |
| | | | | | |
| 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 | uted on behalf of th | e corporation by an authorize | ed representative. If the co | rporation is in the hand | ls of a receiver or trus |
| | | | Linder penalty of pe | eery. I declare and affirm | that I have examined thi |
| Video benalty of patienty. I declare and affirm that I have examined | LED | | including any acrosi | ipanying schedules and st | atements, and that all sta |
| Under penalty of prejury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. | | | LNE | 2 | -13109 |
| including any accompanying schedules and statements, and that all contained herein are flug and correct. |) 9 2000 | | Signature | \ 1 | Data |
| File Date MAR 2 3 2009 including any accompanying schedules and statements, and that all contained herein are fund and correct. Signature Signature Date | 23 2009 | | | ral | Date |
| File Date MAR 2 3 2009 including any accompanying schedules and statements, and that all contained herein are true and correct. Signature Signature Date | 23 2009 | | Jon Rotenber | rg | Date |
| This report must be executive this report must be executive the control of the co | | Moody Ame Siness Office Pacter of Business Conduct ND SERVICE OF S SSES OF THE OFFICE Suite 3F State RI SSES OF THE DIRECT Suite 3F State RI State AMA State AMA State AMA | Suite 3F State State State RI State RI | Moody America, Inc. | Moody America, Inc. City PORTSMOUTH Ri |