STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
25063

2. Name of Corporation
JOHNSTON & BLACKWOOD SAILMAKERS, INC.

3. Street Address Principal Business Office
1 Division Street

City Warwick *State* RI *Zip* 02818

4. Business Phone No.
401-884-4227

5. State of Incorporation
RHODE ISLAND

6. SIC Code
1883

7. Brief Description of the Character of Business Conducted in Rhode Island
Yacht sail making

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Todd Johnston
Street Address
67 Lake Drive
City North Kingstown *State* RI *Zip* 02852

Vice President Name
Ruth Johnston
Street Address
67 Lake Drive
City North Kingstown *State* RI *Zip* 02852

Secretary Name
Ruth Johnston
Street Address
City *State* *Zip*

Treasurer Name
Todd Johnston
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Todd Johnston
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 2 5 0 6 3 *

File Date: 3-12-02 TC45

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 of Officer *Date* 2/14/02

Print or Type Name of Officer TODD JOHNSTON

[redacted]

Title of Officer PRESIDENT

Form 630 12/01