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

Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP
PLEASE READ INSTRUCTIONS

(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 42 Ladd 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 sailmakers; canvas work.

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

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

Vice President Name Ruth C. Johnston
Street Address 67 Lake Drive
City North Kingstown *State* RI *Zip* 02818

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

Treasurer Name Ruth C. Johnston
Street Address 67 Lake Drive
City North Kingstown *State* RI *Zip* 02852

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

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

Director Name Ruth C. Johnston
Street Address 67 Lake Drive
City North Kingstown *State* RI *Zip* 02852

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*
200		No Par Value

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

* 2 5 0 6 3 *

File Date: 2/26/01

Check No.: 1567

By: JL

FOR SECRETARY OF STATE USE ONLY

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* 2/23/01

Todd J. Johnston
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00