PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 25063

2. NAME OF CORPORATION: JOHNSTON & BLACKWOOD SAILMAKERS, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 24 Long Street
CITY: East Greenwich
STATE: RI
ZIP CODE: 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
Manufacture and sale of yacht sails and related marine equipment

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Todd Johnston
STREET ADDRESS: 67 Lake Street
CITY: North Kingstown
STATE: RI
ZIP CODE: 02852

VICE PRESIDENT NAME: Arthur Blackwood
STREET ADDRESS: 85 Harrison Street
CITY: Providence
STATE: RI
ZIP CODE: 02909

SECRETARY NAME: Todd Johnston
STREET ADDRESS: 67 Lake Street
CITY: North Kingstown
STATE: RI
ZIP CODE: 02852

TREASURER NAME: Arthur Blackwood
STREET ADDRESS: 85 Harrison Street
CITY: Providence
STATE: RI
ZIP CODE: 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Todd Johnston
STREET ADDRESS: 67 Lake Street
CITY: North Kingstown
STATE: RI
ZIP CODE: 02852

DIRECTOR NAME: Arthur Blackwood
STREET ADDRESS: 85 Harrison Street
CITY: Providence
STATE: RI
ZIP CODE: 02909

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL COM				

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Arthur H. Blackwood
Signature of Officer

Arthur H. Blackwood
Print or Type Name of Officer

Vice President
Title of Officer

2-28-96
Date

File Date: 3/4/96
Check No: 7043
By: KID

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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