

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. 99904		2. Name of Corporation Lenmarine, Inc.				
3. Street Address Principal Business Office 99 Poppasquash Road			City Bristol	State RI	^{Zip} 02809	
4. Business Phone No. 5. State of Incorporal Rhode Island			n			
6. Brief Description of the C TO OPERATE AND	Character of Business Condu CONDUCT A BOAT	ted in Rhode Island 'ARD AND MARINA, AND	REAL ESTATE MANAGEN	MENT		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name Andrew T. Tyska Street Address 43 Monterey Drive			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joy Tartar Street Address Five Tower Bridge, Ste 460, 300 Barr Harbor Dr.			
						сцу Bristol
Secretary Name Andrew T. Tyska			Treasurer Name Joy Tartar			
Street Address 43 Monterey Drive			Street Address Five Tower Bridge, Ste 460, 300 Barr Harbor Dr.			
City Bristol	State RI	02809	West Conshohocl	•	^{Zip} 19428	
8: NAMES AND ADD Director Name Andrew T. Tyska	RESSES OF THE DIRI	CTORS: ("X" BOX FOR A	TTACHMENT)	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 43 Monterey Drive			Street Address			
City Bristol	State RI	<i>хір</i> 02809	City	State	3 330 2	
Director Name		•	Director Name		F 925	
Street Address			Street Address			
City	State	Zψ	Спу	State	Z10 = 0000	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary o State. Changes require an additional filing. See Section 9 of instruction sheet.				Class/Series	Par Value	
			400	Common	Without	
This report must be e	xecuted on behalf of t	ne corporation by an author	ized representative. If the co	orporation is in the hand	ds of a receiver or trustee.	
uns report must be ex	ecuted on behalf of th	e corporation by the receive	Under penalty of h	enury, deciare and affirm	that I have examined this repo	
File Date	ED		including any acco	inpadying schedules and st e true and correct.	7/20/09	
OOL ~ \	3 2009		Andrew T. T	yska	12418	
By By SECVETA	BY OF STATE USE ONLY		President Tule			