

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

Filling Period: January 1 - March 1 • Filling 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. 131634	2. Name of Corporation Steamboat Investments, Inc.				
3. Street Address Principal Business Office 125 Steamboat Avenue			City North Kingstown	State RI	<i>Ζψ</i> <b>02</b> 852
4. Business Phone No. 5. State of Incorporation C/O (401) 723-6800 RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT AND MANAGE AN INVESTMENT CLUB, BUYING AND SELLING OF SECURITIES AND REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS President Name    Vice President Name					
John Bradshaw Street Address			Joseph Barry Risk Street Address		
613 Slocum Road  State Zip		881 Point Judith Road			
Saunderstown  Secretary Name	Ri	02874	City Narragansett	State RI	<sup>Zip</sup> 02882
Joseph Barry Risk			Treasurer Name John Bradshaw		
Street Address 881 Point Judith Road			Street Address 613 Slocum Road		
City Narragansett	State RI	<sup>Zip</sup> 02882	City Saunderstown	State RI	Zip 02874
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None Street Address			TACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  None  Street Address		
			SHEEL SHALLESS		
City	State	Zip	Сиу	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
9. 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.			Number of Shares	Class/Series	Par Value
			6,000 SHS.	COMMON	NO 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, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I de dare and affirm that I have examined this report,					
File Date	including any accomp	including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
SEP 2 5 200 Check No	)9	Am ITC 10 <b>7</b>	Signature		Date
By 04475	2 65 ·2i	Sille SEB SS BB	John Bradshav Print or Type Name	<u>V</u>	
FOR SECRETARY OF STATE	E USE ONLY		President		
		- Title		Form 620 Paul 09/09	