

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	Ζψ 0 2 852
4. Business Phone No. 5. State of Incorporation C/O (401) 723-6800 RHODE ISLAND					
6. Brief Description of the Character of TO CONDUCT AND MANA 7. NAMES AND ADDRESSES President Name	GE AN INVESTMEN	IT CLUB, BUYING AN	ID SELLING OF SECURIT ICHMENT)	IES AND REAL ESTA	TE ATTACHMENTS
John Bradshaw Street Address 613 Slocum Road			Joseph Barry Risk Street Address		
State Zip			881 Point Judith Road		
Saunderstown Secretary Name	Ri	02874	Cuy Narragansett	RI State	^{Zip} 02882
Joseph Barry Risk			Treasurer Name John Bradshaw		
Street Address 881 Point Judith Road			Street Address 613 Slocum Road		
Narragansett	State RI	^{Zip} 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	City	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,					
FILED		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	· · · · · · · · · · · · · · · · · · ·	Signature		Date
By 04473	<u>⊅ 65 ÷2</u> i	Sille SEB SS BB	John Bradshav Print or Type Name	<u>V</u>	
FOR SECRETARY OF STAT	E USE ONLY		President		
Title					