

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

min (303/0121 / 1/2 1301(0010)) 10	subject to a penuary jet	c o <sub>j</sub> 425.00.				
1. Corporate ID No. 106416	2. Name of Corporation Herreshoff Designs, Inc.					
3. Street Address Principal Business Of 18 Burnside Street, P.O.	ddress Principal Business Office rnside Street, P.O. Box 197		City Bristol	State RI	<sup>Zip</sup> 02809	
4. Business Phone No. (401) 253-5000	5. State of Incorporation Rhode Island					
	NESS OF DESIGNIN	IG, ENGINEERING, C	ONSTRUCTING, AND THE S			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC			CHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name			Vice President Name			
Halsey C. Herreshoff			Adam Langerman			
Street Address			Street Address			
125 Hope Street			19 Usher Terrace			
City Bristol	State RI	<i>zф</i> 0280 <del>9</del>	City Bristol	State RI	<i><sup>Zip</sup></i> <b>028</b> 09	
Secretary Name Halsey C. Herreshoff,			Treasurer Name Adam Langerman			
Street Address 59 High Street		Street Address 19 Usher Terrace				
City	State	Zip	Сйу	State	Zip	
Bristol	RI	02809	Bristol	RI	02809	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	A <i>CHMENT)</i> 🔲 FILL IN SPAC	ES BEFORE USING AT	<b>FACHMENTS</b>	
Director Name			Director Name			
Halsey C. Herreshoff			Halsey C. Herreshoff, II			
Street Address			Sireet Address			
125 Hope Street			59 High Street			
City	State	Zip	City	State	Zip	
Bristol	RI	02809	Bristol	RI	02809	
Director Name			Director Name			
Nathanael G. Herreshoff, III			Adam Langerman			
Street Address			Street Address			
43 Mayfaire Circle	19 Usher Terrace					
City Mostamaton	State NJ	<i>Ζφ</i> 08060	City	State	<sup>Ζφ</sup> 02809	
Westampton	1		Bristol	RI	i	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series .	Par Value	Number of Shares	Class/Series	Par Value	
2,000	Common I	No Par Value	500	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.						

		d affirm that I have examined this report, as and statements, and that all statements
File Date 12-30-09	contained herein are true and correct.	28 DEC 2009
Check No. 15765	'Signature  Halsey C. Herreshoff	Date
<i>ву</i> :	Print or Type Name  President	
FOR SECRETARY OF STATE USE ONLY	Title	