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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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.	2. Name of Corporation			
153767	Primadonna Maritime, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 MARINA PLAZA		NEWPORT	RI	02840
4. Business Phone No.	5. State of Incorporation			
401-848-5500	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
MARINE ACTIVITIES				

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
WILLIAM R. TITUS, JR.	5 MARINA PLAZA	NEWPORT	RI	02840
Vice President Name	**Street Address**	**City**	**State**	**Zip**
JOHN SCHWARZ	300 ENDLICH DRIVE	SANTA CRUZ	CA	95060
Secretary Name	**Street Address**	**City**	**State**	**Zip**
JOHN SCHWARZ	300 ENDLICH DRIVE	SANTA CRUZ	CA	95060
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
JOHN SCHWARZ	300 ENDLICH DRIVE	SANTA CRUZ	CA	95060

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
WILLIAM R. TITUS, JR.	5 MARINA PLAZA	NEWPORT	RI	02840
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**
JOHN SCHWARZ	300 ENDLICH DRIVE	SANTA CRUZ	CA	95060
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	STK	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.

[redacted]

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.

[redacted]

JAN 19, 2010
Signature *Date*

JOHN SCHWARZ
Print or Type Name

VICE PRESIDENT
Title

File Date FILED
Check No. JAN 28 2010
By: By 8691

FOR SECRETARY OF STATE USE ONLY

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Form 630 Rev. 08/08