

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(e)d).

subject to a penalty fee of \$25.00.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		angs agres are teme preserioeu by t	uw (R.I.G.L. 7-1.2-1501(cCa)) is	
1. Corporate ID No. 100784		2. Name of Corporation American Eagle Charters Corp.				
3. Sirect Address Principal Business Office P.O. Box 51			City Newport	State RI	Ζψ 02840	
4 Business Phone No. 5. State of Incorporate Rhode Island		5. State of Incorporation Rhode Island				
o. Brief Description of the Characte Charting, maintaining and	or of Business Conducted in operating boats, ya	or Rhode Island Chts and vessels of ever	ry kind and nature			
7. NAMES AND ADDRESSI	ES OF THE OFFICER	S: ("X" BOX FOR ATTA	ACHMENT) 🗀 FILL IN	SPACES BEFORE USING	S ATTACHMENTS	
W. Herbert Marshall			Vice President Name			
Street Address P.O. Box 51			Street Address			
Newport	State RI	Ζίρ 0284 0	City	State	Zip	
Secretary Name			Treisurer Name			
Street Address			Street Address			
<i>€.i(</i>)	State	Zip	CNy:	State	Zij.	
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR AT	: <i>TACHMENT)</i>	I N SPACES BEFORE USIN	G ATTACHMENTS	
W. Herbert Marshall			Director Name			
Street Address P.O. Box 51			Street Address			
_{ப்ந} Newport	State RI	<i>хір</i> 0284 0	City	State	Zip	
Director Name		Director Name				
Street Address			Street Address			
€#r	State	Zip	слу	State	Ziţi	
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	
			385	Common	\$0.01	
This report must be executed this report must be executed	d on behalf of the cor on behalf of the corp	poration by an authorize poration by the receiver of	ed representative. If the contrustee.	corporation is in the hand	s of a receiver or trustee.	
			Under penalty of i	perjury, I declare and affirm (that I have examined this report,	
File Date 2-2-	2010		including any ace	ompanying schedules and state true and correct/	itements, and that all statements	
4	837		Signature	y march	1.27.10 Date	
Check No.	nnco		Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		President			
			Title			