



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 141253		2. Name of Corporation NEWPORT SAILING SCHOOL TOURS INC	
3. Street Address Principal Business Office 4 DEER FIELD DRIVE		City RICHMOND	State R.I.
4. Business Phone No. 401-848-2266		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island TEACH SAILING & GIVE SAILBOAT TOURS OF NEWPORT HARBOR			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MICHAEL MAINEIA		Vice President Name MICHAEL MAINEIA	
Street Address 48 VILLAGE DRIVE		Street Address 48 VILLAGE DRIVE	
City RICHMOND	State R.I.	City RICHMOND	State R.I.
Zip 02898		Zip 02898	
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name AGENT KATHERINE MAINEIA		Director Name NONE	
Street Address 48 VILLAGE DRIVE		Street Address -	
City RIVERSIDE	State R.I.	City	State
Zip 02915		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 0	Class/Series 0
		Par Value NO P/V	
		NONE	NONE
		NONE	NONE

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.

File Date 3.1.2010
Check No. 7174
By: ICM
FOR SECRETARY OF STATE USE ONLY

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.

Signature Katherine J. Mainella Date 2/24/2010
Print or Type Name AGENT
Title KATHERINE MAINEIA
AGENT