

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(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

125420	2. Name of Corp. Scandinavi	an Yachts, Inc.			
3. Street Address Principal Business Office 40 MARY STREET			NEWPORT	State RI	^{Ζip} 02840
		5. State of Incorporation RHODE ISLAND			
Brief Description of the Che	aracter of Business Condu	ted in Rhode Island ERSHIP			
. NAMES AND ADDR resident Name Man Baines	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	ICHMENT)	SPACES BEFORE USING	ATTACHMENTS
Street Address 40 Mary Street			Street Address 40 Mary Street		
ny Newport	State RI	^{Zip} 02840	City Newport	State RI	^{Zip} 02840
Secretary Name Jennifer Stewart			Treasurer Name Jennifer Stewart		
Street Address 40 Mary Street			Street Address 40 Mary Street		
city: Newport	State RI	02840	CH)* Newport	State RI	Ζ <i>i</i> μ 02840
B. NAMES AND ADDR Director Name Alan Baines	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name Bruce Glassick	N SPACES BEFORE USIN	G ATTACHMENTS
Sircet Address 40 Mary Street			Street Address 40 Mary Street		
City Newport	State RI	21p 02840	City Newport	State RI	Ζίρ 02840
Director Name Jennifer Stewart	J.!!		Director Name		
Street Address	<u></u>		Street Address	·	· <u>·</u>
40 Mary Street city Newport	State RI	Σip 02840	СЙУ	Statte	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.				Class/Series	Par Value
			150	Common	\$.01 Par
This report must be ex-	ecuted on behalf of ecuted on behalf of t	the corporation by an authori he corporation by the receive	zed representative. If the r or trustee.	corporation is in the hand	ls of a receiver or trus
			Under penalty of	perjury, I declare and affirm	that I have examined this
			including any acc contained herein	companying schedules and stare true and correct.	tatements, and that all sta
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			Signature	77,0000	Date
Check No. MAR 2 4			Siedature Jennifer St	ewart	Date
File Date Check No. By: By 10			Signature	ewart	Date