

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.

I Corporate ID No 131805	2. Name of Corporation Marilee Maritime Ltd.				
3. Street Address Principal Business Office 130 Bellevue Avenue			City Newport	State RI	<i>Хір</i> 02840
4. Business Phone No. 5. State of Incorporation 8401-849-3040 Rhode Island					
6. Brief Description of the Character of	oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Darrell Crate			CHMENT)		
Street Address 31 West 52nd Street			Street Address		
сцу New York	State NY	Ζίρ 10019	Сиу	State	Zip
Secretary Name Lars Forsberg			Treasurer Name		
Street Address 31 West 52nd Street			Street Address		73 737 737
New York	State NY	^{Zip} 10019	Сйу	State	Zip C
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address	<u> </u>	ယ္က ဦးျပ
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City-	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series .	Par Value	Number of Shares	Class/Series	Par Value
100 Co	ommon N	/A	0	Common	N/A
This report must be avanted	- L-L-16 - f sh				
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.					
Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all statements					
File Date FILE	D		contained herein are true	and correct.	124/2010
Check No. JUN 03 2	2010		Lars Forsberg	<u> </u>	Date
By: By FOR SECRETARY OF STATE	119579 TE USE ONLY	,	Prin: or Type Name Secretary		
			Title		Form 630 Rev. 12/06