

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 honalty fee of \$25.00

iaw (R.I.G.L. /-1.2-1301(cea)) i	is subject to a per	шиу јее ој 323.00.	4.44			
1. Corporate ID No. 131805	Marilee Ma	2 Name of Corporation Marilee Maritime Ltd.				
3. Street Address Principal Business Office 130 Bellevue Avenue			City- Newport	State RI	2φ 02840	
4. Business Phone No. 401-849-3040  5. State of Incorpo Rhode Islan						
6. Brief Description of the Character	of Business Conduc	ed in Rhode Island	***************************************			
7. NAMES AND ADDRESSES President Name Darrell Crate	S OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT)  FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address 31 West 52nd Street			Street Address			
City New York	State NY	Ζφ 10019	Сйу	State	Zip	
Secretary: Name Lars Forsberg			Treasurer Name			
Street Address 31 West 52nd Street			Street Address			
Cuy New York	State NY	Ζφ 10019	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name			TTACHMENT) TILL IN SPACES BEFORE USING ATTACEMENTS  Director Name			
Street Address			Street Address		<b>2</b>	
City	State	Zip	City	State	رقت المارية	
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)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100	Common	N/A	0	Common	N/A	
This report must be executed this report must be executed			orized representative. If the diver or trustee.	corporation is in the hand	s of a receiver or trustee,	
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_					that I have examined this report tements, and that all statemen	
File Date FILE				are true and correct.		
1 11111 (1.3	3 2030		Signiture	ource		
1 200	1/1191	5/19	Lars Forsbe			
FOR SECRETARY OF S	TATE USE ONLY	<del>-                                    </del>	Secretary	· · · · · · · · · · · · · · · · · · ·		
			Title		F (20 B. 12/0)	