



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 W. River Street  
Providence, RI 02904-2615  
401.222.3010

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |       |   |             |              |     |
|---|-------|---|-------------|--------------|-----|
| 1. ID No.<br>135606   |       | 2. Exact name of the limited liability company<br>Deluxe Recreational Leasing, LLC  |             |              |     |
| 3. State of Formation<br>RHODE ISLAND   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>PURCHASE AND OPERATION OF SAILING VESSELS OF ALL KINDS |             |              |     |
| 5. Principal office address<br>38 BELLEVUE AVENUE, UNIT H   |       | City<br>NEWPORT   | State<br>RI | Zip<br>02840 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>D. RICHARD LEWIS  |       | Contact Title<br>MEMBER   |             |              |     |
| Street Address<br>C/O M. PAWLYK, PO BOX 532   |       | City<br>ELBRIDGE  | State<br>NY | Zip<br>13060 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |             |              |     |
| Manager Name  |       | Manager Name  |             |              |     |
| Street Address  |       | Street Address  |             |              |     |
| City  | State | Zip   | City        | State        | Zip |
| Manager Name  |       | Manager Name  |             |              |     |
| Street Address  |       | Street Address  |             |              |     |
| City  | State | Zip   | City        | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |       |   |             |              |     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

135606

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>NOV 22 2010</b> |
| By:                             | <i>[Signature]</i> |
| 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]* 11-18-10  
Signature of Authorized Person Date  
**STEVEN M. MCINNIS**  
Print or Type Name of Authorized Person