RI SOS Filing Number: 201174505780 Date: 02/04/2011 4:00 PM

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 2011

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.*

1. Corporate ID No.	*2. Name of Corporation*		
314349	Yankee Clippers, Inc.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
119 Trout Brook Lane	Hope	RI	02831
4. Business Phone No.	*5. State of Incorporation*		
401-397-5555	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
cutting of laces

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
York Roberts			None		
Street Address			*Street Address*		
119 Trout Brook Lane					
City	*State*	*Zip*	*City*	*State*	*Zip*
Hope	RI	02831			
Secretary Name			*Treasurer Name*		
York Roberts			None		
Street Address			*Street Address*		
119 Trout Brook Lane					
City	*State*	*Zip*	*City*	*State*	*Zip*
Hope	RI	02831		RI	02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
York Roberts					
Street Address			*Street Address*		
119 Trout Brook Lane					
City	*State*	*Zip*	*City*	*State*	*Zip*
Hope	RI	02831			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par Value

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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date*

York Roberts
Print or Type Name

President
Title

File Date FILED

Check No. FEB 04 2011

By: 1279

BY

FOR SECRETARY OF STATE USE ONLY

58346-40-592842

Form 630 Rev. 08/08