

By:

FOR SECRETARY OF STATE USE ONLY

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. 7-1.2-150).

1. Corporate ID No. 33592	2 Name of Cont Yacht Sale				
3. Street Address Principal Business Office 31 Grant Drive			City North Kingstown	State RI	^{Zip} 02852
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Char. BOAT SALES	acter of Business Conduc	eted in Rhode Island			
	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	. —	ACES BEFORE USING	ATTACHMENTS
President Name John O. Erikson			Vice President Name Beverley A. Erikson		
Street Address			Street Address		
31 Grant Drive			31 Grant Drive		
City North Kingstown	State RI	^{Ζίρ} 02852	City North Kingstown	State RI	^{Ζiφ} 02852
Secretary Name Beverley A. Erikson			Treasurer Name Beverley A. Erikson		
Street Address 31 Grant Drive			Street Address 31 Grant Drive		
ப்ற North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852
8. NAMES AND ADDRES Director Name John O. Erikson	SSES OF THE DIRE	ECTORS: ("X" BOX FOR ATT	ACHMENT) [FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
31 Grant Drive					
City North Kingstown	State RI	<i>Ζψ</i> 02852	City	State	Ζiţı
Director Name		•••••••••••••••••••••••••••••••••••••••	Director Name	······································	
Street Address			Street Address		
City	State	7.ip	City	State	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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			300	Common	No Par Value
This report must be exec	cuted on behalf of the	he corporation by an authorize	ed representative. If the co	rporation is in the hand	s of a receiver or trus
		e corporation by the receiver			
gyez-	*** 		10		
 	ILED		including any accen	rjury declare and affirm appropriate and st	
ברה	O PE ODMA		contained herein are	true and correct.	2/1/11
File Date FFB	07 2011		1004	//	$\infty i > 1/1$

Signature

Title

John O. Erikson Print or Type Name

President

Date