



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. 94739		2. Name of Corporation La Gondola, Inc.			
3. Street Address Principal Business Office 42 Bellevue Street			City Fairhaven	State MA	Zip 02719
4. Business Phone No. 508 984-8264		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Conducts a business which includes boat charter and boat rental.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cynthia L. Days			Vice President Name None		
Street Address 42 Bellevue Street			Street Address		
City Fairhaven	State MA	Zip 02719	City	State	Zip
Secretary Name None			Treasurer Name Cynthia L. Days		
Street Address			Street Address 42 Bellevue Street		
City	State	Zip	City Fairhaven	State MA	Zip 02719
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Antonio Mastrostefano			Director Name None		
Street Address 93 Circuit Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100 NO PAR VALUE	Class/Series	Par Value None

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.

File Date	FILED
Check No.	FEB 22 2011
By:	4434
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.

Cynthia L. Days 2-17-11
Signature Date
Cynthia L. Days
Print or Type Name
President & Treasurer
Title