



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. 153832		2. Name of Corporation CRANER MARINE, INC.			
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAINER SCHOENBACH			Vice President Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
Secretary Name RAINER SCHOENBACH			Treasurer Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DOUGLAS CRANER			Director Name		
Street Address 72 E. LINCOLN AVENUE			Street Address		
City ATLANTIC HIGHLANDS	State NJ	Zip 07716	City	State	Zip
Director Name			Director Name		
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	Class/Series COMMON	Par Value NO PAR

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.

**FILED**

File Date	MAR 28 2011
Check No.	By <u>mnc</u>
By:	9134
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 DOUGLAS CRANER  
Print or Type Name  
DIRECTOR  
Title

3/17/11  
Date