

A. Ralph Mollis, Secretary of State Corporations Division 1-48 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.I., 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.I., 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID 8a. 86494	2. Name of Corporation Gunboat Company				
3. Street Address Principal Business Office 11A BOWLER LANE			NEWPORT	State RI	Σφ 02840
401-619-1055 5. State of Incorporation RHODE ISLAND					
6 Brief Description of the Character of TO ACQUIRE OWNERSHIP	of Business Conducted in PINTERESTS IN E	Rhode Island BUSINESS ENTERPRIS	ES OF ANY KIND OR	TYPE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT President Name  Peter Johnstone			CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Nived Address PO Box 240			Street Address		
City Newport	State RI	Ζip 02840	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Barton C. Janney		
Street Address 38 Bellevue Avenue, Suite H			PO Box 240		
ाए Newport	State RI	02840	Newport	State RI	7.1p 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Peter Johnstone			TACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
PO Box 240			Street Address		
cite Newport	State RI	7 <i>ip</i> 02840	C(l)	Mette	Zip
Director Name	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		
Street Address			Street Address		
Ciţr	State	Zip	Сиг	Stene	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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	\$.01 Par
This report must be executed this report must be executed or				corporation is in the hand	s of a receiver or trustee,
File Date			including any acc		that I have examined this repeatements, and that all stateme
MAR 2 9 20	11		Signature Signature		2/1/14 Date
Check No.	2/0		Barton C. Ja	anney	
Bv. 57			Print or Type Name		
FOR SECRETARY OF STA	CE USE ONLY		Treasurer		
1000 300 ALIANT 50° 317	HIS COLS VARIA		Title		Form 630 Rev. 08/08