



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. 485779		2. Name of Corporation HI FLING LTD			
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 BUSINESS OF BOAT BUILDING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name XAVIER MECOY			Vice President Name GRAHAM ROBERTSON		
Street Address 15 AVENUE GEORGES POMPIDOU			Street Address 83 PRINCES STREET		
City CAPBRETON	State FRANCE	Zip 40130	City EDINBURGH	State SCOTLAND	Zip EH2 2ER
Secretary Name SARAH NIEDZWIECKI			Treasurer Name XAVIER MECOY		
Street Address 66 SUTTON MANOR			Street Address 15 AVENUE GEORGES POMPIDOU		
City NEW ROCHELLE	State NY	Zip 10801	City CAPBRETON	State FRANCE	Zip 40130
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GRAHAM ROBERTSON			Director Name		
Street Address 83 PRINCES STREET			Street Address		
City EDINBURGH	State SCOTLAND	Zip EH2 2ER	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 31 2011**
 Check No. **By: [Signature]**
 By: **9145**
 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] **3/30/11**
 Signature Date
JAMES F. HYMAN
 Print or Type Name
REGISTERED AGENT
 Title