

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2011 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 39735	2. Name of Corporation Weatherly, Inc.				
3. Street Address Principal Business Office P.O. Box 51, 360 Thames Street			City Newport	State RI	<sup>Ζip</sup> <b>02840</b>
4. Business Phone No. 5. State of Incorporation 401-849-5868 Rhode Island					
6. Brief Description of the Character of Boat charter, restoration and		bode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
President Name			Vice President Name	•	•
George H. Hill			George H. Hill		
Street Address			Street Address		
65 Prospect Hill Street			65 Prospect Hill Street		
City Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<i><sup>Zip</sup></i> 02840
Secretary Name George H. Hill			Treasurer Name George H. Hill		
Street Address			Street Address		
65 Prospect Hill Street			65 Prospect Hill Street		
City Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<sup>Zip</sup> 02840
8, NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATI	FACHMENT)   FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
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.			None	Class/series	Par value
This report must be executed this report must be executed of					
File Date				I declare and affirm that I ying schedules and statemed and correct.	
Check No. OCT 0 4 2011  By: 39 3619  FOR SECRETARY OF STATE USE ONLY					
			George H. Hill		
			Print or Type Name		
			President		
			Title		Form 630 Rev. 08/08