



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 2012**

**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.<br>42110   |             | 2. Name of Corporation<br>C.L. Marine, Inc. |  |                        |                     |
| 3. Street Address Principal Business Office<br>2501 West Shore Road  |             |   | City<br>Warwick  | State<br>RI            | Zip<br>02889        |
| 4. Business Phone No.<br>401-732-6764  |             | 5. State of Incorporation<br>RI             |  |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To engage in the repair, services, and sale of marine engines               |             |   |  |                        |                     |
| <b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                   |             |   |  |                        |                     |
| President Name<br>Christopher LeVasseur  |             |   | Vice President Name<br>Same  |                        |                     |
| Street Address<br>2501 West Shore Road   |             |   | Street Address   |                        |                     |
| City<br>Warwick  | State<br>RI | Zip<br>02889                                | City   | State                  | Zip                 |
| Secretary Name<br>Same   |             |   | Treasurer Name<br>Same   |                        |                     |
| Street Address   |             |   | Street Address   |                        |                     |
| City   | State       | Zip   | City   | State                  | Zip                 |
| <b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                  |             |   |  |                        |                     |
| Director Name<br>Christopher LeVasseur   |             |   | Director Name  |                        |                     |
| Street Address<br>2501 West Shore Road   |             |   | Street Address   |                        |                     |
| City<br>Warwick  | State<br>RI | Zip<br>02889                                | City   | State                  | Zip                 |
| Director Name  |             |   | Director Name  |                        |                     |
| Street Address   |             |   | Street Address   |                        |                     |
| City   | State       | Zip   | City   | State                  | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |             |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                        |                     |
| 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 <b>MUST</b> BE COMPLETED                      |                        |                     |
|  |             |   | Number of Shares<br>100  | Class/Series<br>Common | Par Value<br>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 JAN 12 2012  
Check No. 5488  
By: \_\_\_\_\_  
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 Christopher LeVasseur Date 1-11-2012  
Print or Type Name  
Christopher LeVasseur  
President  
Title