



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>000151143   |             | 2. Name of Corporation<br>CHRISTOPHER CORP. |   |                     |                    |
| 3. Street Address Principal Business Office<br>555 THAMES STREET   |             |   | City<br>NEWPORT   | State<br>RI         | Zip<br>02840       |
| 4. Business Phone No.<br>401-608-2310  |             | 5. State of Incorporation<br>RI             |   |                     |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>OWNERSHIP AND OPERATION OF VESSELS - TITLE 7-1.2 - 1701                     |             |   |   |                     |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                     |                    |
| President Name<br>JAMES L. DOLAN   |             |   | Vice President Name   |                     |                    |
| Street Address<br>P.O. BOX 420   |             |   | Street Address  |                     |                    |
| City<br>OYSTER BAY   | State<br>NY | Zip<br>11771                                | City  | State               | Zip                |
| Secretary Name<br>KENNETH LEIBY, JR.   |             |   | Treasurer Name<br>KERRIE JURAS                                      |                     |                    |
| Street Address<br>159 MILBURN AVE.   |             |   | Street Address<br>P.O. BOX 420                                      |                     |                    |
| City<br>MILBURN  | State<br>NJ | Zip<br>07041                                | City<br>OYSTER BAY  | State<br>NY         | Zip<br>11771       |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                     |                    |
| Director Name<br>PETER WILSON  |             |   | Director Name<br>KATHLEEN DOLAN                                     |                     |                    |
| Street Address<br>P.O. BOX 420   |             |   | Street Address<br>P.O. BOX 420                                      |                     |                    |
| City<br>OYSTER BAY   | State<br>NY | Zip<br>11771                                | City<br>OYSTER BAY  | State<br>NY         | Zip<br>11771       |
| Director Name<br>HELEN DOLAN   |             |   | Director Name   |                     |                    |
| Street Address<br>P.O. BOX 420   |             |   | Street Address  |                     |                    |
| City<br>OYSTER BAY   | State<br>NY | Zip<br>11771                                | 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<br>100   | Class/Series<br>CWP | Par Value<br>\$.01 |
|  |             |   |   |                     |                    |

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.

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: Kenneth Leiby Jr. Date: 1/9/2012  
 Print or Type Name: KENNETH L. LEIBY JR.  
 Title: SECRETARY

**FILED**

File Date: JAN 17 2012

Check No. 833

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