

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\phid)) is

| 1. Corporate ID No. 106595 | 2. Name of Corpor Serenade M | arine Corporation | | | |
|--|---|---|---|--|---------------------------------------|
| 3. Street Address Principal Busin 11 MEMORIAL BOUL | eet Address Principal Business Office MEMORIAL BOULEVARD | | Oity NEWPORT | State RI | ^{Zip} 02840 |
| 4. Business Phone No. 401-849-1510 | | 5. State of Incorporation RHODE ISLAND | | • | • |
| 6. Brief Description of the Charac TO ENGAGE IN GENEF | | | | | · · · · · · · · · · · · · · · · · · · |
| 7. NAMES AND ADDRESS President Name GLENN V. KIM | ES OF THE OFFIC | ERS: ("X" BOX FOR ATTA | CHMENT) TELL IN S | SPACES BEFORE USING | ATTACHMENTS |
| Street Address 11 MEMORIAL BOULEVARD | | Street Address | | | |
| City NEWPORT | State RI | ^{Zip} 02840 | City | State | Zip |
| Secretary Name GLENN V. KIM | | Treasurer Name GLENN V. KIM | | | |
| Street Address 11 MEMORIAL BOULEVARD | | | Street Address 11 MEMORIAL BOULEVARD | | |
| City NEWPORT | State RI | ^{Zip} 02840 | City NEWPORT | State RI | ^{Zip} 02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name | | TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Director Name | J | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZEI | , I | | | | IMENT) |
| This information is currently of record in the Office of the Secretary of | | Number of Shares | Class/Series | Par Value | |
| State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 8,000 | COMMON | 1.00 |
| | | | | | |
| | | e corporation by an authorize | | corporation is in the hands | of a receiver or trustee |
| this report must be execut | ed on behalf of the | corporation by the receiver | or trustee. | | |
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| | | | Under penalty of | perjury, I declare and affirm t | hat I have examined this r |
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| File Date | .בט | | including any acc contained herein a | ompanying schedules and sta | Tan 16 20 |
| File DateJAN 2 | . EU 5 2012 | | including any accontained herein a | ompanying schedules and sta are true and correct. | tements, and that all state |
| JAN 2 | 5 2012 | | including any acc contained herein a | ompanying schedules and sta are true and correct. | Tan 16 20 |

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