

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 20/2
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. 7-1.2-15 subject to a penalty fer of \$25.00. | 01(e), each corporation fai | ling or refusing to file its annu | ul report within thirty (30) days after | the time prescribed by law () | R.I.G.L. 7-1.2-1501(c&d)) is |
|--|-------------------------------|-----------------------------------|---|---------------------------------|------------------------------|
| 1 Corporate ID No. 40560 | 2. Name of Corporation BREEZ | Y POINT | MARINA INC. | | |
| 3. Street Achtress Principal Business Off | | , | WHRWICK | State PI | 02889 |
| 1 Business Phone No. 7 5. State of Incorporation RI | | | | | |
| 6 Isrief Description of the Character of | | | | | |
| 7. NAMES AND ADDRESSES O | | | Vice President Name | | |
| Street Address 33 SAYLES AVE | | | PAULA MAROTTO | | |
| | State PI | 202889 | Gity | State | Zip |
| Secretary Name PAULA MAROTTO | | | To H | NF. MAK | 20770 |
| Street Address SAME | | | Street Address | | |
| СИУ | State | Zip | City | State | Zip |
| 8. NAMES AND ADDRESSES | | | Director Name | ices before using . E PLANTE | ATTACHMENTS |
| CHRISTOPHER MAROTTO Street Address 31 GILMAN RD. | | | Street Address 1 ERIC JOHN COURT | | |
| HOPE VALLEY | | ^{Zip} 02832 | EXETER | State RI | 02832 |
| DENISE KNIGHT | | | Director Name MICHAEL MAROTTO | | |
| Street Address 216 ADAMS ST. | | | Street Address 31 GILNGAN RD, | | |
| CAN WARWICK | State PI | × 02 888 | CHYHOPE VALLEY | State RI | × 02832 |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| 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. | | | Number of Shares | Class/Scries | Par Value |
| | | | NONE | NONE | NONE |
| This report must be executed | on behalf of the corr | poration by an authorize | ed representative. If the corpo | ration 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 | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements |
|---------------------------------|---|
| File Date JAN 26 201? | Sohn F. Manto 1/24/12 |
| Check No | JOHN F. MAROTTO |
| Bv: | Print or Type Name PRESIDENT |
| FOR SECRETARY OF STATE USE ONLY | Title |