

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PR 2012

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days after	the time prescribed by lau	N BLACK INK. → (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 52956	2. Name of Corporation WICKBAY PROF	2. Name of Corporation WICKBAY PROPERTIES, INC.				
3. Street Address Principal Business Office 65 REYNOLDS STREET		City NORTH KINGSTOWN	State RI	^{Zip} 02852		
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character MARINA AND MARINE RE	PAIR FACILITY		-			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA OF President Name JOHN D. BREWER, JR.			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name WALTER L. COLANTUONO			
Street Address 155 E. BOSTON POST ROAD			Street Address 55 MILL LANE			
MAMARONECK	State NY	^{ச.மு} 10543	City PORTSMOUTH	State RI	^{Zip} 02871	
Secretary Name WALTER L. COLANTUONO			Treasurer Name JOHN D. BREWER, JR.			
Street Address 55 MILL LANE			Street Address 155 E. BOSTON POST ROAD			
PORTSMOUTH	State RI	^{Zip} 02871	City MAMARONECK	State NY	^{Zip} 10543	
8. NAMES AND ADDRESSES Director Name JOHN D. BREWER, JR.	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	CES BEFORE USING	ATTACHMENTS	
Street Address 155 E.BOSTON POST ROAD			Street Address			
City MAMARONECK	State NY	<i>z</i> ф 1 054 3	City	State	Zip	
Director Name		***************************************	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	·		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		MENT)	
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/Series	Par Value	
			5000	COMMON	NO PAR VALUE	
This report must be executed this report must be executed or	on behalf of the corpor on behalf of the corpor	oration by an authorized ration by the receiver o	d representative. If the corpore trustee.	ation is in the hands	of a receiver or trustee,	
FILE	ED		Under penalty of perjury, including any accompany	I declare and affirm the ing schedules and state	at I have examined this report	

FILED			
1 1			
File Date JAN 3 0 2012			
Check No. By MMC	<u> </u>		
Ву: 29679	- -		
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm including any accompanying schedules and secontained herein are true and correct.	
Signature	Date
WALTER L. COLANTUONO	
Print or Type Name	·
VICE PRESIDENT	
Title	