

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 PRINTER 2012

1. Corporate ID No. 107458		rporution ASH BOAT YARD, INC.			
3. Street Address Principal Business Office 1169 Succotash Road			ातः Wakefield	State RI	Ζιρ <b>0287</b> 9
4. Business Phone No. 401-782-0031  5. State of Incorporation RHODE ISLAND			<del></del>		02019
TO OPERATE A BU	RESSES OF THE OFF	ucted in Rinde Island URPOSE OF CONTRUCTING AND PHINGS ICERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN Vice President Name	SPACES BEFORE USING	MARINE STRUCTUR
Street Address 28 Old Shannock Road			David J. DeCubellis  Street Address 28 Old Shannock Road		
<sub>Cig</sub> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	Zip 02879
Secretary Name David J. DeCubellis			Treasurer Name David J. DeCubellis		
Street Address 28 Old Shannock Road			Street Address 28 Old Shannock Road		
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	Zip 02879
Director Name  NONE	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	TACHMENT) [ FILL] Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
director Name	•••••••••••••••••		Director Name	······································	
treet Address			Street Address		
йу	State	Zip	City	State	Zip
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/Series	Par Value
			100	Common	No Par
his report must be ex	secuted on behalf of th	e corporation by an authorize	representative. If the	corporation is in the head	
is report must be exe	ecuted on behalf of the	e corporation by the receiver of	or trustee.	corporation is in the hand	s of a receiver or trust
	FII FN		Under penalty of	perjury, I declare and affirm t	hat I have examined this
			contained herein a	ompanying schedules and stage true and correct.	dements, and that all state

File Date Check No. FOR SECRETARY OF STATE USE ONLY

David J. DeCubellis Print or Type Name President Title