



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. 153767		2. Name of Corporation Primadonna Maritime, Inc.			
3. Street Address Principal Business Office 5 MARINA PLAZA			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-848-5500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MARINE ACTIVITIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM R. TITUS, JR.			Vice President Name JOHN SCHWARZ		
Street Address 5 MARINA PLAZA			Street Address 300 ENDLICH DRIVE		
City NEWPORT	State RI	Zip 02840	City SANTA CRUZ	State CA	Zip 95060
Secretary Name JOHN SCHWARZ			Treasurer Name JOHN SCHWARZ		
Street Address 300 ENDLICH DRIVE			Street Address 300 ENDLICH DRIVE		
City SANTA CRUZ	State CA	Zip 95060	City SANTA CRUZ	State CA	Zip 95060
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM R. TITUS, JR.			Director Name JOHN SCHWARZ		
Street Address 5 MARINA PLAZA			Street Address 300 ENDLICH DRIVE		
City NEWPORT	State RI	Zip 02840	City SANTA CRUZ	State CA	Zip 95060
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	Class/Series	Par Value
			200	STK	NO PAR

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.

FILED
File Date _____
Check No. FEB 06 2012
By: 9528
FOR SECRETARY OF STATE USE ONLY

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: John Schwarz Date: JAN 23, 2011
 JOHN SCHWARZ
 Print or Type Name
 VICE PRESIDENT
 Title