



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. 92119		2. Name of Corporation Vann-Renaissance, Inc.			
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOYCE W. VANN			Vice President Name JOYCE W. VANN		
Street Address 26231 MARINA ROAD			Street Address 26231 MARINA ROAD		
City ORANGE BEACH	State AL	Zip 36561-3541	City ORANGE BEACH	State AL	Zip 36561-3541
Secretary Name JOYCE W. VANN			Treasurer Name JOYCE W. VANN		
Street Address 26231 MARINA ROAD			Street Address 26231 MARINA ROAD		
City ORANGE BEACH	State AL	Zip 36561-3541	City ORANGE BEACH	State AL	Zip 36561-3541
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOYCE W. VANN			Director Name		
Street Address 26231 MARINA ROAD			Street Address		
City ORANGE BEACH	State AL	Zip 36561-3541	City	State	Zip
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 100	Class/Series COMMON	Par Value 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**

MAR 12 2012

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.

By MC  
CR #9559

Joyce W. Vann 2/7/12  
Signature Date

JOYCE W. VANN

Print or Type Name

PRESIDENT

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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