



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. 153832		2. Name of Corporation CRANER MARINE, 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAINER SCHOENBACH			Vice President Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
Secretary Name RAINER SCHOENBACH			Treasurer Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DOUGLAS CRANER			Director Name		
Street Address 72 E. LINCOLN AVENUE			Street Address		
City ATLANTIC HIGHLANDS	State NJ	Zip 07716	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) ☐		
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

File Date MAR 16 2012

Check No. 9564

By: _____

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

DOUGLAS CRANER

Print or Type Name

DIRECTOR

Title

Date