



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. 541546		2. Name of Corporation BABE, LTD.		
3. Street Address Principal Business Office 11 MEMORIAL BLVD.			City NEWPORT	State RI
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 MAINENANCE 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 HENRY F. HALSTED		Vice President Name HENRY F. HALSTED		
Street Address C/O NORTHPROP & JOHNSON, 5 MARINA PLAZA		Street Address C/O NORTHPROP & JOHNSON, 5 MARINA PLAZA		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI
Secretary Name HENRY F. HALSTED		Treasurer Name HENRY F. HALSTED		
Street Address C/O NORTHPROP & JOHNSON, 5 MARINA PLAZA		Street Address C/O NORTHPROP & JOHNSON, 5 MARINA PLAZA		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name HENRY F. HALSTED		Director Name		
Street Address C/O NORTHPROP & JOHNSON, 5 MARINA PLAZA		Street Address		
City NEWPORT	State RI	Zip 02840	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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

File Date MAR 26 2012

Check No. By MNC

By: 9583

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 Henry F. Halsted Date 16 March 2012

HENRY F. HALSTED

Print or Type Name

PRESIDENT

Title