



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 92588		2. Exact name of the Corporation Wind Dancer, Inc.			
3. Principal office address 11 MEMORIAL BLVD			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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FERD R. FISHER, III			Vice-President Name FERD R. FISHER, III		
Street Address PO BOX 688			Street Address PO BOX 688		
City COVINGTON	State TN	Zip 38109	City COVINGTON	State TN	Zip 38109
Secretary Name FERD R. FISHER, III			Treasurer Name FERD R. FISHER, III		
Street Address PO BOX 688			Street Address PO BOX 688		
City COVINGTON	State TN	Zip 38109	City COVINGTON	State TN	Zip 38109
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name FERD R. FISHER, III			Director Name		
Street Address PO BOX 688			Street Address		
City COVINGTON	State TN	Zip 38109	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	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.

File Date _____

Check No _____

By: _____

FILED

FEB 21 2013

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.

Ferd R. Fisher III 2/7/13
 Signature of Authorized Representative Date

FERD R. FISHER, III

Print or Type Name of Authorized Representative

BY 9895