



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 **2012**

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. 000076762		2. Exact name of the Corporation Sailing Excursions, Inc.			
3. Principal office address 194 South Port Road c/o Scarano Boat Builders			City Albany	State NY	Zip 12202
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of boat building and chartering of vessels.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard J. Scarano			Vice-President Name John Scarano		
Street Address 15 Skyview Drive			Street Address 194 South Port Rd. Port of Albany		
City Cohoes	State NY	Zip 12047	City Albany	State NY	Zip 12202
Secretary Name John Scarano			Treasurer Name Richard J. Scarano		
Street Address 194 South Port Rd. Port of Albany			Street Address 15 Skyview Drive		
City Albany	State NY	Zip 12202	City Cohoes	State NY	Zip 12047
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard J. Scarano			Director Name John Scarano		
Street Address 15 Skyview Drive			Street Address 194 South Port Rd. Port of Albany		
City Cohoes	State NY	Zip 12047	City Albany	State NY	Zip 12202
Director Name Robert V. Scarano			Director Name		
Street Address 18 Queensway			Street Address		
City Glen Falls	State NY	Zip 12801	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
			600		\$1.00

SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 12 2013
 BY M-192342
 9:20

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.
Peter J. Brockmann, Esq. 3/1/13
 Signature of Authorized Representative Date
Peter J. Brockmann, Esq., attorney for-
 Print or Type Name of Authorized Representative