



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. <b>124058</b>		2. Exact name of the Corporation <b>ETOILE, LTD</b>			
3. Principal office address <b>79 Franklin Street</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>(401) 596-9951</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE A VESSEL</b>					

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name <b>Anne C. Kolker</b>			Vice-President Name <b>NONE</b>		
Street Address <b>205 East 78th St., Apt. 16J</b>			Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10075</b>	City	State	Zip
Secretary Name <b>Anne C. Kolker</b>			Treasurer Name <b>Anne C. Kolker</b>		
Street Address <b>205 East 78th St., Apt. 16J</b>			Street Address <b>205 East 78th St., Apt. 16J</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10075</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10075</b>

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

Director Name <b>Anne C. Kolker</b>			Director Name <b>None</b>		
Street Address <b>205 East 78th St., Apt. 16J</b>			Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10075</b>	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	10	common	none

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 BY (initials)

**FILED**  
**MAR 13 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.  
 Signature of Authorized Representative: *Anne C. Kolker* Date: *2/20/13*  
 Anne C. Kolker  
 Print or Type Name of Authorized Representative

*29-192527*