

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. 000013803		2. Exact name of the Corporation Stanley's Boat Yard, Inc.			
3. Principal office address 17 BARTON AVENUE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401-245-5090			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island BOAT YARD AND MARINA					
7. LIST ALL OFFICERS, NAMES AND ADDRESSES (SEE INSTRUCTIONS)					
President Name Kevin Terhune			Vice-President Name Bernadette T Elson		
Street Address 35 Meadowbrook Drive			Street Address 9 Barton Ave		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Bernadette T Elson			Treasurer Name Stephen Terhune		
Street Address 9 Barton Ave			Street Address 41 Houghton Strreet		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS, NAMES AND ADDRESSES (SEE INSTRUCTIONS)					
Director Name Bernadette T Elson			Director Name Stephen Terhune		
Street Address 9 Barton Ave			Street Address 41 Houghton Strreet		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Kevin Terhune			Director Name		
Street Address 35 Meadowbrook Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. SHARES AUTHORIZED					
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
			300	CNP	0

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

MAR 18 2013

BY 6547

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.

Bernadette Elson 3/14/13
Signature of Authorized Representative Date

BERNADETTE ELSON

Print or Type Name of Authorized Representative