

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

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.	ļ ·	2. Exact name of the Corporation				
86494	Gunbo	Gunboat Company				
3. Principal office address 38 BELLEVUE AVENUE, SUITE H			City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-841-8480			5. State of Incorporation RHODE ISLAND			
		s conducted in Rhode Island ESTS IN BUSINESS I		ANY KIND OR TYP	E	
LIST ALL OFFICERS	(NAMES AND ADDE	ESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Peter Johnstone			Vice-President Name			
Street Address 38 Bellevue Avenue, Suite H			Street Address			
ity Newport	State RI	Zip 02840	City	State	Zip	
Secretary Name Steven M. McInnis			Treasurer Name Peter Johnstone			
Street Address 38 Bellevue Avenue, Suite H			Street Address 38 Bellevue Avenue, Suite H			
ity Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840	
LIST ALL DIRECTOR	RS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Peter Johnstone			Director Name			
treet Address 38 Bellevue Aven	ue, Suite H		Street Address			
ity Newport	State RI	Zip 02840	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City State		Zip	
SHARES AUTHORIZ	ED -:: .		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	Common	\$.01 Par	
		corporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,	
		st be executed on behalf of	the corporation by the r	eceiver or trustee.		
lle Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.				
Check No		FILED	Str	. Mit	3/17/14	
Ву:			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE USE ONLY MAR 2 1 2014			Steven M. McInnis			
			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012 BY_11587