



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 2014

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. 4381		2. Exact name of the Corporation Jamestown Boat Yard, Inc.			
3. Principal office address RACQUET ROAD			City JAMESTOWN	State RI	Zip 02835
4. Business Phone No. 401-423-0600		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, SELL, AND DEAL WITH YACHTS AND ACCESSORIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Clement Napolitano			Vice-President Name Christopher Otorowski		
Street Address Continental Road			Street Address 298 Winslow Way		
City Tuxedo Park	State NY	Zip 10987	City Bainbridge Island	State WA	Zip 98110
Secretary Name Steven M. McInnis			Treasurer Name Stephen DeVoe		
Street Address 38 Bellevue Avenue, Suite H			Street Address 79 Harbor Drive		
City Newport	State RI	Zip 02840	City Stamford	State CT	Zip 06902
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Clement Napolitano			Director Name Stephen DeVoe		
Street Address Continental Road			Street Address 79 Harbor Drive		
City Tuxedo Park	State NY	Zip 10987	City Stamford	State CT	Zip 06902
Director Name Christopher Otorowski			Director Name		
Street Address 298 Winslow Way			Street Address		
City Bainbridge Island	State WA	Zip 98110	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
			895.92	Common	\$1.00

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

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BY 11587

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

Date

CLEMENT NAPOLITANO

Print or Type Name of Authorized Representative