STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
14056	FRANK HALL BOAT YARD, INC.			
3. Street Address Principal Business Office		City	State	Zip
3 INDIA POINT ROAD		WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-348-8005	RHODE ISLAND			4812

7. Brief Description of the Character of Business Conducted in Rhode Island
MARINA, BOAT SERVICE & REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JOHN F. HALL JR	3 INDIA POINT ROAD	WESTERLY	RI	02891

Vice President Name	Street Address	City	State	Zip
KIMBERLIE R. GULINO	22 CHIN HILL ROAD	WESTERLY	RI	02891

Secretary Name	Street Address	City	State	Zip
JOHN F. HALL JR	3 INDIA POINT ROAD	WESTERLY	RI	02891

Treasurer Name	Street Address	City	State	Zip
KIMBERLIE R. GULINO	22 CHIN HILL ROAD	WESTERLY	RI	02891

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
200 SHS NO PAR COM		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
151	COMMON	NO

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *140056*

File Date: 4-19-99

Check No.: 14056

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

KIMBERLIE R GULINO 2/25/99
Signature of Officer *Date*

KIMBERLIE R. GULINO
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer