



**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**

2011

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. 146358		2. Exact name of the Corporation A Star Boat Haulers Inc.		
3. Principal office address 45 West Allenton Road		City N. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-9662		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Transportation of Boats				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Paul P Haggarty		Vice-President Name Dawn M Haggarty		
Street Address 45 West Allenton Road		Street Address 45 West Allenton Road		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI
Secretary Name Dawn M Haggarty		Treasurer Name Paul P Haggarty		
Street Address 45 West Allenton Road		Street Address		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	
600		n/a	0.00	

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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**

DEC 10 2014

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10:30 AM

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.

*Paul Haggarty* 12/10/2014  
 Signature of Authorized Representative Date

PAUL HAGGARTY  
 Print or Type Name of Authorized Representative