



**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** 2010

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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 DEC 10 AM 10:29

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

10:29 AM  
**FILED**

DEC 10 2014

By 238256

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]  
 Signature of Authorized Representative

12/10/2014  
 Date

Paul Haggarty  
 Print or Type Name of Authorized Representative

KM