

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0023600 Annual Report for the year: 1994

Name of Business Entity: NAUTICAL ENTERPRISES, INC.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: (____) _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

30 MARTIN ST
CUMBERLAND RI 02864

Phone: (401) 334-0700

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MATTHEW ECONOMOU
30 MARTIN ST
CUMBERLAND, R.I. 02864

Brief statement of the character of business conducted in Rhode Island:

MFG. SCUBA ACCESSORIES
INC IN 1989

Date of Organization: 1988 2-22-85 SS

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>MATTHEW ECONOMOU</u>	<u>SAME</u>		
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR				
<input type="checkbox"/> CHIEF OPERATING OFFICER OR				
<input type="checkbox"/> VICE PRESIDENT (Check One)				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR				
<input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR				
<input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MATTHEW ECONOMOU</u>	<u>30 MARTIN ST</u>	<u>CUMBERLAND</u>	<u>02864</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>2000</u>	NUMBER <u>0</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>NO PAR VALUE</u>	PAR VALUE OR WITHOUT PAR <u>WITHOUT PAR</u>

Date 12-16-1994 By: Matthew Economou

MATTHEW ECONOMOU
PRINT OR TYPE NAME OF OFFICER SIGNING

Matthew Economou Pres.
TITLE OF OFFICER SIGNING

Form 31 1-94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED
DEC 21 1994
SS

NEW ADDRESS
30 Martin St.
Cumberland, RI 02864