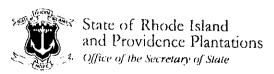
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. Riper Street sce, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.	, , , , , , , , , , , , , , , , , , , ,	g or regioning to just its uni	omis report within inirty (30)	anys after the time prescribed by t	ano (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 122784	2. Name of Corporation Boat Excursions Ltd.				
3. Street Address Principal Business Office 19 Broad Common Road			Gry Bristol	State RI	2ip 02809
4. Business Phone No. 5. State of Incorporation 508/670-5927 RHODE ISLAND				102000	
6. Brief Description of the Character To own, broker, buy and se	of Business Conducted in R Il boats of all kinds a	thode Island and lease out boats for	excursions and trips.		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL I	N SPACES BEFORE USING	ATTACHMENTS
r resmem rume			Vice President Name		
Henry Crowley Street Address					
19 Broad Common Road			Street Address		
Bristol	RI RI	^{Zip} 02809	City	State	Zip
Secretary Name Henry Crowley			Treasurer Name Henry Crowley		
Street Address 19 Broad Common Road			Street Address		
			19 Broad Common Road		
Bristol	RI	02809	Bristol	State RI	71p 02809
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	FACHMENT) TFILL Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS
		inream vame			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Stroet Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			None	none	none
				1	
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 of the experimental vertices the executed on behalf of the corporation of the experimental vertices the executed on behalf of the corporation of the experimental vertices the executed on behalf of the corporation of the experimental vertices.					
		TILEU	n .		
		B. 2. 2017	W		
		MAR U 2 2017	Under penalty of	perjury, I declare and affirm	that I have examined this report,
		2021	including any ac	companying schedules and sta are pric and correct.	atements, and that all statements
File Date	ВҮ		// <i>G</i> //	IN CONTECT.	2/17/17
			Signature	<i>V</i> - , - , - , - , - , - , - , - , - , -	Date
Check No			Crowley Hem		
By:			Print or Type Name		
FOR SECRETARY OF STAT	TE USE ONLY		FICSIC	lent	
			Title	•	