



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 41603		2. Name of Corporation SILVER SPRING MARINE, INC.			
3. Street Address Principal Business Office 362 Pond Street			City Wakefield	State RI	Zip 02879
4. Business Phone No. (401)783-0783		5. State of Incorporation RHODE ISLAND			6. SIC Code 4812
7. Brief Description of the Character of Business Conducted in Rhode Island MARINA OPERATION, MARINE SALES AND SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lynn E. Fiorenzano			Vice President Name Nicholas A. Marzilli		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Nicholas A. Marzilli			Treasurer Name Lynn E. Fiorenzano		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas A. Marzilli			Director Name Lynn E. Fiorenzano		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
4,000	NO PAR VALUE		4000	Common	No Par Value

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



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 hereof are true and correct

Signature of Officer: *Lynn E. Fiorenzano* Date: 1/19/2005  
Print or Type Name of Officer: Lynn E. Fiorenzano  
Title of Officer: President

File Date: 2/1/05  
Check No.: 8441  
By: DA  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>41603</b>		2. Name of Corporation <b>SILVER SPRING MARINE, INC.</b>			
3. Street Address Principal Business Office <b>362 Pond Street</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>(401) 783-0783</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>4812</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MARINA OPERATION, MARINE SALES AND SERVICE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Lynn E. Fiorenzano</b>			Vice President Name <b>Nicholas A. Marzilli</b>		
Street Address <b>525 Gravelly Hill Road</b>			Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Nicholas A. Marzilli</b>			Treasurer Name <b>Lynn E. Fiorenzano</b>		
Street Address <b>525 Gravelly Hill Road</b>			Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Nicholas A. Marzilli</b>			Director Name <b>Lynn E. Fiorenzano</b>		
Street Address <b>525 Gravelly Hill Road</b>			Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4,000</b>	<b>NO PAR VALUE</b>		<b>4000</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 4 1 6 0 3 \*

File Date 3/10/04  
Check No. 8078  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 3/1/04  
Signature of Officer Date  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**  
3. Street Address Principal Business Office **362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401) 783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Marina operation, marine sales and service.**

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

President Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Vice President Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Treasurer Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Director Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
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**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**4000 Common No Par Value**

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



\* 4 1 6 0 3 \*

File Date: 2-18-03  
Check No.: 7532  
By: LP

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 of Officer [Signature] Date 2/6/03  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**  
3. Street Address Principal Business Office **362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401) 783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Marina operation, marine sales and service.**

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

President Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Vice President Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Treasurer Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Director Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
---	---

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**4000 Common No Par Value**

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



\* 4 1 6 0 3 \*

File Date: 2-15-02  
Check No.: 7011  
By: [Signature]

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 of Officer [Signature] Date 2/4/02  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**  
3. Street Address Principal Business Office **362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401) 783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Marina operation, marine sales and service.**

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

President Name <b>Lynn E. Fiorenzano</b>	Vice President Name <b>Nicholas A. Marzilli</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>
Secretary Name <b>Nicholas A. Marzilli</b>	Treasurer Name <b>Lynn E. Fiorenzano</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>

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

Director Name <b>Nicholas A. Marzilli</b>	Director Name <b>Lynn E. Fiorenzano</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4000 NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**4000 Common No Par Value**

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



\* 4 1 6 0 3 \*

File Date: 2/13  
Check No.: 6521  
By: lc

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 of Officer: [Signature] Date: 1/22/01  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**

3. Street Address Principal Business Office **362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401)783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Marina operation, marine sales and service.**

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

President Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Vice President Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Treasurer Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Director Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
---	---

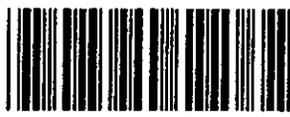
**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>4000 NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>4000</b>	<b>Common</b>	<b>No par value</b>

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



\* 4 1 6 0 3 \*

File Date: 2-2-00  
Check No.: 139  
By: AMF

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 of Officer [Signature] Date 1/18/2000  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>41603</b>		2. Name of Corporation <b>SILVER SPRING MARINE, INC.</b>		
3. Street Address Principal Business Office <b>362 Pond Street</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>(401)783-0783</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>4812</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Marina operation, marine sales and service.</b>				
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>Lynn E. Fiorenzano</b>		Vice President Name <b>Nicholas A. Marzilli</b>		
Street Address <b>525 Gravelly Hill Road</b>		Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>
Secretary Name <b>Nicholas A. Marzilli</b>		Treasurer Name <b>Lynn E. Fiorenzano</b>		
Street Address <b>525 Gravelly Hill Road</b>		Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name <b>Nicholas A. Marzilli</b>		Director Name <b>Lynn E. Fiorenzano</b>		
Street Address <b>525 Gravelly Hill Road</b>		Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>
Director Name <b>Nicholas A. Marzilli</b>		Director Name <b>Lynn E. Fiorenzano</b>		
Street Address <b>525 Gravelly Hill Road</b>		Street Address <b>525 Gravelly Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>				
AUTHORIZED SHARES			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>4000 NO PAR VAL</b>			<b>4000</b>	<b>Common</b>
				<b>No par value</b>

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



File Date: 04-01-99  
Check No.: 5324  
By: [Signature]

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 of Officer: [Signature] Date: 2/8/99  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**

3. Street Address Principal Business Office **362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401)783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Marina operation, marine sales and service.**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>Lynn E. Fiorenzano</b>	Vice President Name <b>Nicholas A. Marzilli</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>
Secretary Name <b>Nicholas A. Marzilli</b>	Treasurer Name <b>Lynn E. Fiorenzano</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <b>Nicholas A. Marzilli</b>	Director Name <b>Lynn E. Fiorenzano</b>
Street Address <b>525 Gravelly Hill Road</b>	Street Address <b>525 Gravelly Hill Road</b>
City State Zip <b>Wakefield RI 02879</b>	City State Zip <b>Wakefield RI 02879</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4000 NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**\$\$\$ Common No par value**

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



File Date: 3.10.98  
Check No.: 4773  
By: [Signature]

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 of Officer: [Signature] Date: 2/3/98  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporation No. **41603** 2. Name of Corporation **SILVER SPRING MARINE, INC.**

3. Street Address Principal Business Office  
**362 Pond Street** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **(401)783-0783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4812**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Marina operation, marine sales and service.**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>	Vice President Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>
Secretary Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>	Treasurer Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <b>Nicholas A. Marzilli</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>	Director Name <b>Lynn E. Fiorenzano</b> Street Address <b>525 Gravelly Hill Road</b> City State Zip <b>Wakefield RI 02879</b>
--	--

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4000 NO PAR VAL</b>			<b>4000</b>	<b>Common</b>	<b>No par value</b>

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



File Date: 3-17-97  
Check No.: 4083  
By: 100 / JEC  
FOR SECRETARY OF STATE USE ONLY

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 of Officer: [Signature] Date: 3/18/97  
**Lynn E. Fiorenzano**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 41603		2. NAME OF CORPORATION SILVER SPRING MARINE, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 362 Pond Street		CITY Wakefield	STATE RI
		ZIP CODE 02879	
4. BUSINESS PHONE NO. (401) 783-0783		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 8888	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Marina operation, marine sales and service.			

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Lynn E. Fiorenzano			VICE PRESIDENT NAME Nicholas A. Marzilli		
STREET ADDRESS 525 Gravelly Hill Road			STREET ADDRESS 525 Gravelly Hill Road		
CITY Wakefield,	STATE RI	ZIP CODE 02879	CITY Wakefield	STATE RI	ZIP CODE 02879
SECRETARY NAME Nicholas A. Marzilli			TREASURER NAME Lynn E. Fiorenzano		
STREET ADDRESS 525 Gravelly Hill Road			STREET ADDRESS 525 Gravelly Hill Road		
CITY Wakefield	STATE RI	ZIP CODE 02879	CITY Wakefield	STATE RI	ZIP CODE 02879

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Nicholas A. Marzilli			DIRECTOR NAME Lynn E. Fiorenzano		
STREET ADDRESS 525 Gravelly Hill Road			STREET ADDRESS 525 Gravelly Hill Road		
CITY Wakefield	STATE RI	ZIP CODE 02879	CITY Wakefield	STATE RI	ZIP CODE 02879
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4000	NO PAR VAL		4000	common	no par value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 3/18/96  
Check No: 3701  
By: *mnc/vp*  
For Secretary of State Use Only

Signature of Officer  
Lynn E. Fiorenzano  
Print or Type Name of Officer  
President  
Title of Officer  
Date: 2/6/96



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0041608 Annual Report for the year: 1995

Name of Corporation: SILVER SPRING MARINE, INC.

Business entity organized under the laws of the State of: RI Business Entity is (check one):  
 For foreign entity, address and telephone number of principal office: [  ] Business Corporation (See RIGL Chapter 7-1.1)  
n/a [  ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) Brief statement of the character of business conducted in Rhode Island:  
marina operation, marine sales  
and service

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

362 Pond Street  
Wakefield, RI 02879

Phone: (401) 783-0783

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Lynn E. Fiorenzano</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Nicholas A. Marzilli</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Nicholas A. Marzilli</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Lynn E. Fiorenzano</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Nicholas A. Marzilli</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Lynn E. Fiorenzano</u>	<u>525 Gravelly Hill Rd.</u>	<u>Wakefield, RI</u>	<u>02879</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>4000</u>	<u>Common</u>

Number of Shares	Class / Series
<u>4000</u>	<u>Common</u>

Date 4/11, 1995

By: [Signature] Lynn E. Fiorenzano

PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DANIEL V. MCKINNON, ESQ.  
 1168 NEWPORT AVENUE  
 PAWTUCKET RI 02861

**PAID**  
 JUN 22 1995  
 KID 5086  
 SECY OF STATE

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

0041603

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
SILVER SPRING MARINE, INC.

Name of Business Entity: \_\_\_\_\_

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:  
N/A

Phone: ( ) \_\_\_\_\_

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

X 8 Pond Street 362  
Wakefield, RI 02879

Phone: (401) 783-0783

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:  
Daniel V. McKinnon, Attorney  
McKINNON & HARWOOD  
1168 Newport Avenue  
Pawtucket, RI 02861

Brief statement of the character of business conducted in Rhode Island:  
marina operation, marine sales  
and service

Date of Organization: 1/21/87

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

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Lynn E. Fiorenzano	525 Gravelly Hill Rd.	Wakefield, RI	02879
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Nicholas A. Marzilli	525 Gravelly Hill Rd.	Wakefield, RI	02879
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Nicholas A. Marzilli	525 Gravelly Hill Rd.	Wakefield, RI	02879
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Lynn E. Fiorenzano	525 Gravelly Hill Rd.	Wakefield, RI	02879

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Nicholas A. Marzilli	525 Gravelly Hill Rd.	Wakefield, RI	02879
Lynn E. Fiorenzano	525 Gravelly Hill Rd.	Wakefield, RI	02879

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 4000	NUMBER 4000 issued
CLASS Common stock	CLASS Common stock
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value

Date 4/18 19 94

By: [Signature]  
Lynn Fiorenzano  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
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.

DANIEL V. MCKINNON, ESQ.  
1168 NEWPORT AVENUE  
PAWTUCKET RI 02861

FILED  
MAY 27 1994  
By: RCM 944123 \$100

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0041503..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....SILVER SPRING MARINE, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Marina operation, marine sales and  
service.....

FOURTH: If foreign corporation, address of its principal office.....n/a.....

FIFTH: Business address in Rhode Island.....128 Pond Street, Wakefield, RI 02879.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Marzilli	Director	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Marzilli	Director	
Lynn Marzilli	President	525 Gravelly Hill Rd, Wakefield, RI 02879
Nicholas A. Marzilli	Vice President	525 Gravelly Hill Rd, Wakefield, RI 02879
Nicholas A. Marzilli	Secretary	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Marzilli	Treasurer	525 Gravelly Hill Rd, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	common stock		par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4000	common stock		no par value

Rec'd & Filed APR 22 1993  
Spec # 7790

Dated.....April 22..... 19 93..... SILVER SPRING MARINE, INC.....  
(Name of Corporation)

By.....Nicholas A. Marzilli.....  
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0041503..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....SILVER SPRING MARINE, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Marina operation, marine sales and service.....

FOURTH: If foreign corporation, address of its principal office.....n/a.....

FIFTH: Business address in Rhode Island.....128 Pond Street, Wakefield, RI 02879.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Fiorenzano	Director	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Fiorenzano	Director	
Lynn Fiorenzano	President	525 Gravelly Hill Rd, Wakefield, RI 02879
Nicholas A. Marzilli	Vice President	525 Gravelly Hill Rd, Wakefield, RI 02879
Nicholas A. Marzilli	Secretary	525 Gravelly Hill Rd, Wakefield, RI 02879
Lynn Fiorenzano	Treasurer	525 Gravelly Hill Rd, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class
4,000	Common

Par Value  
or statement that  
shares are without  
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value  
or statement that  
shares are without  
par value

without par value

Dated.....19 92.....

SILVER SPRING MARINE, INC.  
(Name of Corporation)

By.....*[Signature]*.....

Title.....PRES.....

(Report must be signed by an officer)

Series 15  
PAID  
APR 29 1992  
SECY OF STATE  
Series

RECEIVED  
APR 25 10 47 AM '62

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0041603 Annual Report for the year 1991

FIRST: The name of the corporation is SILVER SPRING MARINE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Marina operation, arine sales and service

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 128 Pond Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	54 Allens Avenue, Wakefield, RI 02879
Lynn Fiorenzano	Director	54 Allens Avenue, Wakefield, RI 02879
	Director	
Lynn Fiorenzano	President	54 Allens Avenue, Wakefield, RI 02879
Nicholas A. Marzilli	Vice President	54 Allens Avenue, Wakefield, RI 02879
Nicholas A. Marzilli	Secretary	54 Allens Avenue, Wakefield, RI 02879
Lynn Fiorenzano	Treasurer	54 Allens Avenue, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class
4,000	Common stock

Par Value  
or statement that  
shares are without  
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common stock

Par Value  
or statement that  
shares are without  
par value

without par value

*02/18/93*  
**PAID**  
**APR 29 1992**  
**SECY OF STATE**  
Series

Dated 19 92

SILVER SPRING MARINE, INC.  
(Name of Corporation)

By *[Signature]*

Title pres

(Report must be signed by an officer)

RECEIVED  
SECRETARY OF STATE  
WASHINGTON, D.C. 20520

APR 23 10 47 AM '92

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 41603 Annual Report for the year 1990

FIRST: The name of the corporation is SILVER SPRING MARINE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Marina operation, marine sales and service

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 128 Pond Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	54 Allen Avenue, Wakefield, RI 02879
Lynn Fiorenzano	Director	54 Allen Avenue, Wakefield, RI 02879
	Director	
Lynn Fiorenzano	President	54 Allen Avenue, Wakefield, RI 02879
Nicholas A. Marzilli	Vice President	54 Allen Avenue, Wakefield, RI 02879
Nicholas A. Marzilli	Secretary	54 Allen Avenue, Wakefield, RI 02879
Lynn Fiorenzano	Treasurer	54 Allen Avenue, Wakefield, RI 02879

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		without par value

PAID  
DEC 00 1990  
SECY OF STATE

Dated Aug 7 19 90

SILVER SPRING MARINE, INC.  
(Name of Corporation)

By [Signature]  
Title pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0041603 Annual Report for the year 1989

FIRST: The name of the corporation is SILVER SPRING MARINE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Marina operation, marine sales and service

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 128 Pond Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	80 Old Mountain Road, Wakefield, RI 02879
Lynn Fiorenzano	Director	80 Old Mountain Road, Wakefield, RI 02879
	Director	
Lynn Fiorenzano	President	Same as above
Nicholas A. Marzilli	Vice President	Same as above
Nicholas A. Marzilli	Secretary	Same as above
Lynn Fiorenzano	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common		without par value

**PAID**  
FEB 14 1989  
SECY. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		without par value

Dated 2-13 1989

Silver Spring Marine, Inc.  
(Name of Corporation)  
By Nicholas A. Marzilli Sec  
Nicholas A. Marzilli  
Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 41403 Annual Report for the year 1988

FIRST: The name of the corporation is SILVER SPRING MARINE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Marina operation, marine sales and service.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 128 Pond Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas A. Marzilli	Director	22 Allen Avenue, Wakefield, RI 02879
Lynn Fiorenzano	Director	580 Succotash Rd, Wakefield, RI 02879
	Director	
Lynn Fiorenzano	President	Same as above
Nicholas A. Marzilli	Vice President	Same as above
Nicholas A. Marzilli	Secretary	Same as above
Lynn Fiorenzano	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		without par value

PAID  
FEB 12 1988  
SECY OF STATE  
FEB 11 1988  
SM

Dated 1-25- 1988

Silver Spring Marine, Inc.  
(Name of Corporation)

By Nicholas A. Marzilli  
Nicholas A. Marzilli

Title Secretary

(Report must be signed by an officer)