

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	IN BLACK)					
1. Corporate 1D No.	2. Name of Corpor					
42110	C. L. Marine	, Inc.				
3. Street Address Principal i	Business Office		City	State	Zip	
2501 WEST SHORE	E ROAD		WARWICK	RI	02889-	
. Business Phone No.		5. State of Incorporate	ion		6. SIC Code	
4017326764		RHODE ISLAN	ID		7880	
. Brief Description of the (Character of Business Con	ducted in Rhode Island				
		AND SALE OF MARI	NE ENGINES			
8. NAMES AND ADDI	ESSES OF THE OFF	ICERS ("X" BOX FOR A	(TTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
CHRISTOPHER A.	LEVASSEUR		NONE			
Sireei Address			Street Address	······································	·	
2501 WEST SHORE	ROAD		•			
Ciry	State	Zip	City	State	Zip	
WARWICK	RI	02889	•			
ccretary Name			Treasurer Name			
CHRISTOPHER A.	LEVASSEUR		CHRISTOPHER A	. LEVASSEUR		
Street Address			* Street Address			
SAME			SAME			
City	State	Zip	*City	State	Zip	
	- CALLE	·	,		1-7	
9 NAMES AND ADDI	SESSES OF THE DO	FCTORS ("Y" ROY FO	RATTACHMENT) FILL	N SPACES REFORE LISTN	GATTACHMENTS	
2. 14MH ES MID ADDI Director Name	moone Astronomic	~~~~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Director Name	The training and their again.	the state of the s	
NONE			•			
Street Address	 		Street Address			
HITTI MUUTESS			* The state of the			
Cir.	In .			State	Zip	
City	State	Zip	•City •	Sidle	L.ip	
Director Name			Director Name			
Street Address	•		·Street Address			
~	Torra		Cin	16.52	Zip	
City	State	Zip	City	State		
					<u> </u>	
10. SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT) 🗌		("X" BOX FOR ATTACHME	·NI) 🗆	
AUTHORIZED SHARES	C110	Par Value	ISSUED SHARES Value			
Number of Shares	Class/Series	rar value	Ivanioer of Shares	Ciassiseries	Tur rotae	
500 NO PAR VALUI	E		0			
	-					
This report must be s	igned in ink by eith	er the President, Vice	President, Secretary, A.	ssistant Secretary, Trea	surer, Receiver or Trus	
,			,	•		
[1 1 1 1 1 1 1 1 1 1 1 1 1	I)					
	I					
4 2	1 1 0		Under penalty of	perjury, I declare and affire	m that I have examined	
			this report, include	ding any accompanying sch	edules and statements,	
42110 DBC 01/03	/05 10:12:02 AM		and that all states	ments contained herein are	true and correct.	
/_	11-05 10:12:02 AIVI			//		
File Date / -	11 00	_	(/h/)	/	5-05	
1	-30		Signeffire of Office		Date	
Check No. A		_	Ø hristoph	er A. Levasseu	T	
•	<u>බ</u> .		Print or Type Nam	e of Officer		
B <u>v:</u> (<u> </u>	_	President			
FOR SECRETARY OF ST	TATE USE ONLY			·	Form 630 1	
			Title of Officer		rom oso	



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

DEIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

6	2 44				
. Corporate ID No 42110	2 Name of Corpo C. L. Marin				
3. Street Address Principal Bust			City	State	Zip
2501 West Sho	re Road		Warwick	RI	02889
. Business Phone No. 401–732–6764		5. State of Incorporation			6. SIC Code
	acter of Business Conducti	RHODE ISLAN			7880
TO ENGAGE IN THE	REPAIR, SERVICE	ed in Rhode Island AND SALE OF MARINE EI	NGINES		
. NAMES AND ADDRES	SSES OF THE OFFIC	ERS: ("X" BOX FOR A		SPACES BEFORE USI	NG ATTACHMENTS
resideni Name Christophon 3	T 0.112 = 2.0.1		Vice President Name		
Christopher A	. revassent	· · · -	Street Address	· ·	
2501 West Sho	re Road				
City	State	Zip	Clly	State	Zip
Warwick	RI	02889			
^{Kernan Name} Christopher A	. Levasseur		Treasurer Name Christopher	A. Levasseur	
Street Address			Street Address	zcydoseul	
same			same		
City	State	Zip	City	State	Zip
	l			IN SPACES PEROPE II	EINC ATTACHMENT
), NAMES AND ADDRE: Director Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) FILL : Director Name	IN SPACES BEFORE U	SING ATTACHMENTS
none					
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
				- 1:	
Clty	State	Zip	City	State	Zíp
Director Name	L	J	Director Name		
,					
Street Address		<u> </u>	Street Address		
City	Crava	Zip	City	State	Zip
City	State	r.ip	City	June	, , , , , , , , , , , , , , , , , , ,
10. SHARES AUTHORIZ	! ZED <i>("X" BOX FOR</i>	ATTACHMENT)	: 11. SHARES ISSUED	("X" BOX FOR ATTA	CHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			0		
			· 		-
This report mus	t be signed in ink b	y either the President, Vi	ce President, Secretary, Assi	stant Secretary, Treasure	er, Receiver or Truste
11			Under penalty of	perjury, I declare and affire companying sphedules and	n that I have examined (statements, and that all
	* 4 2 1.1_1	<u> </u>		are true and correct.	statements, and that an
File Date 1- 20	,- (<i>و</i> لر		Ch 1	7.1.1/2	1-19-04
			Signstate of Office	r	Bate
Check No	<u> </u>	<u> </u>	Christoph	er A. Levass	eur
B		İ	Print or Type Nam	e of Officer	<u> </u>
By:		-	President	;	
•	OF STATE USE ONLY				

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: Januar	y 1-March 1 • 1	Filing Fee: \$50.00			INSTRU
FORM MUST BE TYPED OR PRIN	ITED IN BLACK)				
1. Corporate ID No.	2. Name of Corporatio				
42110	C. L. Marine, li	nc.			
3. Street Address Principal Busines	is Office		City	State	Zip
2501 West Shot 4. Business Phone No.	re Road	5. State of Incorporation	Warwick	RI	02889 6. SIC Code
401-732-6764 7. Brief Description of the Charact	er of Business Conducted in i	RHODE ISLAND			7880
To engage in 1 8. NAMES AND ADDRE President Name			ales of marine en (MENT) FILL IN SPACES BEFO Vice President Name		MENTS
Christopher A. Street Address	. Levasseur		None. Street Address		
2501 West Shor	re Road				
City	. State	ZIp	City	State	Zip
Warwick	RI	02889			
Secretary Name			Treasurer Name	-	
Christopher A. Street Address	. Levasseur		Christopher A. Street Address	Levasseur	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name none	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	State	ZIp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			0		none

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

	* 4 2 1 1 0 *
File Date:	3/5/03
Check No.:	2058
By:	w
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 glice Date

Christopher A. Levasseur
Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

42110

C. L. Marine, Inc.

3. Street Address Principal Business Office

P.O. Box 9143

Warwick

State

Zio

4. Business Phone No.

5. State of Incorporation

RI

02889-9143

6. SIC Code

401-732-6764

RHODE ISLAND

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the repair, service and sales of marine engines.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Christopher A. LeVasseur None Street Address Street Address

P.O. Box 9143

City

State

City

State

7.10

Warwick

RΙ

02889-9143

Treasurer Name

Christopher A. LeVasseur

Street Address same

Street Address same

City

City

City

Secretary Name

State

Christopher A. LeVasseur

State

Zip

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

Director Name

City

Street Address

State

Zio

Street Address

Director Name

Street Address

Director Name

State

210

Director Name

Street Address

State

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

Zip

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

AUTHORIZED SHARES

Number of Shares **500 NO PAR VALUE** Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

0

no par

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



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.

hristopher A. LeVasseur

Fint or Type Name of Officer President

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02203-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

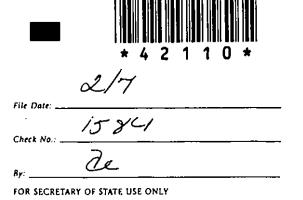
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42110

2 Name of Corporation C. L. Harine, Inc.

3. Street Address Principal Business	Office		City	State	Zip 🥊
252 Second Po 6. Business Phone No.	oint Road	S. Signs of Lincolns (C.)	Warwick (No	RI	0288 % 6 7880 °
401-732-6764 7. Brief Description of the Character	of Business Conducted in	Rhode Island			
To engage in B. NAMES AND ADDRESS President Name	the repair SES OF THE OFFIC	, service ar CERS (*X* BOX FOR AT	nd sales of mari FACHMENT) FILLIN SPACE Vice President Name	ne engines. S BEFORE USING ATTA	CHMENTS
Christopher A	A LeVasseur		None Street Address		
252 Second Po	oint Road				
Warwick, RI	State	^{zip} 02886	City	State	Zip
Secretary Name			Treasurer Name	• •	
Christopher I	A. LeVasseu	r	Christopher Street Address	A. LeVasseur	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	FACHMENTS
Street Address	·		Street Address		
			\mathbf{i}^{i}		
City	State	Zip	`.City	State	Zip
Director Name			Director Name	• • • •	• •
Street Address			Street Address		
City	State	Zip	City	State	Zíp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR			0		No par

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. A. LEVASSEUR CHRISTOPAER Print or Type Name of Officer

(FORM MUST BE TYPED IN BLACK)

42110

3. Street Address Principal Business Office

252 Second Point Road

Christopher A. LeVasseur

252 Second Point Road

FOR SECRETARY OF STATE USE ONLY

7. Brief Description of the Character of Business Conducted in Rhode Island

1. Corporate ID No.

4. Business Phone No.

Street Address

401-732-6764

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

Zip

LEVASSOUR

CHAISTOPHEN Print or Type Name of Officer nesigenT

02886 6. SIC Code

7880

RI

State

	CORPORATION			FOR	IHE	YEAR	2000
DOFIE	CODDODATION	A BIBITI A T	DEDODE	FOB	TITE	VEAD	2000

S. State of incorporation

. RHODE ISLAND

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

To engage in the repair, service and sales of marine engines.

Warwick

Vice President Name

None Street Address

City

STOP
PELASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00	h 1 • Filing Fee: \$50.00	•	od: January 1-March 1	Filing
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2. Name of Corporation

C. L. Marine, Inc.

City Warwick	State RI	^{21p} 02886	City	State	Zip
Secretary Name	-		Treasurer Name		
Christopher A	. LaVasseur		Christopher Street Address	A. LaVasseur	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS (*x* box for	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	rachments
Street Address		•	Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	"ACHMENT)	11. SHARES ISSUED	O (*X* BOX FOR ATTACHMEN	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
500 SHS NO PAR			0	·	no par
This report must be si	gned in ink by eit	her the President, Vi	ice President, Secretary, A	ssistant Secretary, Trea	surer, Receiver or Trustee
			. •		
			Under penalty of	perjury, I declare and affi	rm that I have examined
*	42110	*		<u> </u>	hedules and statements, and
/	120/00		that all statemen	ts contained herein are tru -	ie and correct.
File Date:	1/02		Capala		-//- 00
Check No.	1140		Significare of Officer		Date



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACE	κ)				
1. Carparate ID No. 42110	2. Name of Corporation C. L. Marine, I	nc.		<u> </u>	
3. Street Address Principal Business Of	•		City	State RI	02886
252 Secont Point	Road	مرجوعات ورسيتيدين	Warwick		
4. Business Phone No. 401-732-6764		S. State of Incorporation RHODE ISLA	ND		6. SIC Code 7880
7. Brief Description of the Character of To engage in the	(Business Conducted in Rh e repair, se	ode Island ervice and so	ales of marine	engines.	
8. NAMES AND ADDRESSI	ES OF THE OFFICE	RS ("X" BOX FOR ATTAC		S BEFORE USING ATTAC	HMENTS
President Name Christopher A. I	eVasseur	;	Vice President Name NONE		
Street Address 252 Second Point	Road		Street Address		
City Warwick	State RI	02886	City	State	Zip
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name		
Christopher A. LeVasseur			Christopher	A. LeVasseur	· · · · · · · · · · · · · · · · · · ·
Street Address SAME			SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRECT	FORS ("X" BOX FOR AT	TACHMENT) C FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Street Address :	· · ·- · · · · · · ·	· • • • • • • • • • • • • • • • • • • •	Street Address		
City	State	Zip	City	State	Zip
Director Name	.!		Director Name		•••••••••••••••••••••••••••••••••••••••
Street Address		 	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT) U	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	20
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR			0		NO PAC
			-		
This report must be signed	d in ink by either	the President, Vice	President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Trustee
	2 1 1 0	 	Under penalty of	perjury, I declare and affiri	

that all statements contained herein are true and correct. Signature of Officer Date Christopher A. LeVasseur Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



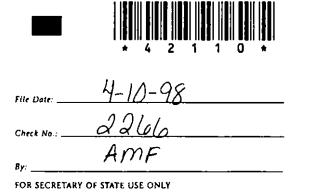
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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. 42110	2. Name of Corporation C. L. Marine, In	ic.			
3. Street Address Principal Business O	ffice		City	State	Zip
252 Second : 4. Business Phone No. (401)732-6764 7. Brief Description of the Character o		5. State of Incorporation RHODE ISLAND ode Island	Warwick	RI	02886 6. SIC Code 7880
To engage in the 8. NAMES AND ADDRESS! President Name			les of marine en 4ENT) Vice President Name	gines.	
Christopher A. Street Address	LeVasseur		None Street Address		
252 Second Pois	nt Road State	Zip	City	State	Zip
Warwrick Secretary Name	RI	02886	Treasurer Name		
Christopher A.	LeVasseur		Christopher A	. LeVasseur	
SAME City	State	Zip	SAME City	State	Zip
9. NAMES AND ADDRESSI Director Name NONE Street Address	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) Director Name Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	• • •	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR			' O"		

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.

Christopher A. LeVasseur

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January	1-March 1 •	Filing Fee: \$50.	00		INSTRUCTION BUTORI
(FORM MUST BE TYPED IN BLAC		-	<u>.</u> . <u>.</u>		COMPLETING THIS TORM
1. Corporate ID No. 42110	2. Name of Corpora C. L. Mari				
3. Street Address Principal Business (Office		City	State	Zip
252 Second I 4. Business Phone No.	Point Road	S. State of Incorpo		RI	02886 , 6. SIC Code
401-732-676 7. Brief Description of the Character	1 of Business Conducted	RHODE 1	SLAND		. 7880
To engage in 8. NAMES AND ADDRESS President Name	n the repa	ir, service ICERS (*X* BOX FOR	and sales of mar ATTACHMENT) Vice President Name	ine engines.	• • =
Christopher	A LeVass	eur	None		
Street Address	n. Devade		Street Address		•
252 Second	Point Road				
City	State	ZIP	City	State	. Zip
Warwick	ŖI	02886			
Secretary Name	n Towns		Treasurer Name Christopher	: A. LeVasseu	r
Christopher Street Address	A. Levass	seur	Street Address	20142504	_
Same			Same		
City	State	Zip	Clty	State	21p
9. NAMES AND ADDRESS Director Name None Street Address	SES OF THE DIR	ECTORS ("X" BOX FC	OR ATTACHMENT) 1. Director Name Street Address	-	
City	State	Zip	City	State	Zip .
Director Name			Director Name	* **** * * * * * * * * * * * * * *	
Street Address			Street Address		••
City	State	Zip	City	State	1 Zip
10. SHARES AUTHORIZEI	O AND ISSUED	"X" BOX FOR ATTACHA	(ENT)	. <u>.</u>	- 15c 1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR				*	. -
			None		
This report must be sign e	ed in ink by eit	her the President,	Vice President, Secretary, Ass	sistant Secretary, Trea	surer, Receiver or Tru
500 SHS NO PAR This report must be signe	ed in ink by eit	her the President,		sistant Secretary, Trea	surer, Receiver c

this report, including any accompanying schedules and statements, and that all statements contained horein are true, and correct. File Date: _ Signature of Officer Christopher A. LeVasseur Print or Type Name of Officer

2 1 1 0 +

FOR SECRETARY OF STATE USE ONLY

President

Date

Under penalty of perjury, I declare and affirm that I have examined

PROFIT CURPURATION **ANNUAL REPORT**

By:

For Secretary of State Use Only

1996



State of Knode 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				,	
1. CORPORATE IO NO	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<u> </u>	······································
42110		Mamina In-			
3. STREET ADDRESS PRINCIPAL BUSINESS OFF		Marine, Inc.	ČTY	STATE	ZP C00E
252 Second Poi	int Road		Warwick	RI	02886
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. StC COD€
401-732-6764		RHODE IS	SLAND		7880
BRIEF DESCRIPTION OF THE CHARACTER OF E					· · · · · · · · · · · · · · · · · · ·
To engage in t	he repair,	service and	sales of marine	engines.	
• • • • • • • • • • • • • • • • • • • •	8. NA	MES AND ADDR	ESSES OF THE OF	FICERS	
RESIDENT HAME			VICE PRESIDENT NAME	- · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Christopher A.	_LeVasseur		nonestreet address		
			4		
_252_Second_Poi	STATE	DF COOE	il aux	STATE	'यम C00E
Warwick	RI	02886	TREASURER NAME		
	T -17				
<u>Christopher A.</u>	<u> </u>	······	Christopher_i	eyasseu علـــــــ	<u>r</u>
same m			same		
лŶ	STATE	ZIP CODE	alt i	STATE	ZIP CODE
	J	MES AND ADDR	ESSES OF THE DIR	RECTORS	
DIRECTOR NAME		<u></u>	ORECTOR NAME		
none					
STREET ADDRESS			STREET ADORESS		
pity .	STATE	ZIP 000E	(any	STATE	ZIP C00%
			1		
PRECTOR NAME			DIRECTOR HAME		
STREET ADDRESS			STREET ADDRESS		
			1		
OTY .	STATE	SIP CODE	σιν	STATE	ZIP COO€
	<u> </u>			<u> </u>	
•	1 0 . S AUTHORIZED SHARES	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	
HUMBER OF SHARES	CLASS / SCRES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 CHC NO	D. D. D.				
500 SHS NO	PAR				
·		 		1	
			GNED IN INK by either the		
Presi	dent, Vice Presid	ent, Secretary, Assis	stant Secretary, Treasurer,	Receiver or Trust	ee
			report, including a	perjury. I declare and any accompanying so ntained herein are tru	d affirm that I have examined the shedules and statements, and the eland correct.
1 ~	1 -	:	Chi	B 4 1	
File Date: 1/18	196	;	Signature of Office		
11/	43		Chris	stopher A.	LeVaccour
Check No:	96 43		Print or Type Nan		nevapaent

Title of Officer NETACH BOTTOM DECODE DETHIBNING Date

1/16/96

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

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:	Annual Report f	Annual Report for the year:		
Name of Corporation: 0. L. Martine		,		
Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal o	ffice: [X] Busines [] Profess	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: () Address and telephone of the principal office of business entity Island (Provide street address - Not P.O. Box): 252 Second Point Road Warwick, RI	Brief stateme To en	ent of the character of business conducted in gage in the repair, se ales of marine engines	r <u>vice</u>	
Phone: 4 01-) 732-6764				
ТНК	NAMES OF THE OFFICERS	ARF.		
PRESIDENT	STREET ADDRESS	CITYSTATE	NJP CODE	
Christopher A. LeVasseur	252 Second Point 1	coad, Warwick, RI 0288	ZIP CODE	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE	
Christopher A. LeVasseur	same as above			
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE	
Christopher A. LeVasseur	same as above	S A D D.		
NAME I THE I	NAMES OF THE DIRECTORS STREET ADDRESS	CITY/STATE	ZIP CODE	
NAME.	STREET ADDRESS	CITY/STATE	ZIP CODE	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE	
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SH	ARES ISSUED AND OUTSTANDING (Rider II	nay be attached)	
Number of Shares Class / Series	Number of Share	es Class / Series		
500 common				
Date February 14,	By: Christians	Wane		
Form 31 1/95	Christoph PRINT OR TYPE NAME OF OFFICER S TITLE OF OFFICER SIGNING			
DESIGNATED REC	GISTERED AGENT FOR SERV	/ICE OF PROCESS:		

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

ROBERT A. MITSON 603 PARK AVENUE WOONSOCKET RI 02895 FEB 2 1 1995

By Ca # 2784

Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

0042110 1994 Annual Report for the year: _ Corporate ID: . C. L. Marine, Inc. Name of Business Entity: ___ Business Entity is (check one): R.I. Business entity organized under the laws of the State of . [X] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom communications may be directed: Christopher LeVasseur, President 252 Second Point Road_ Warwick, RI 02886 Phone: (Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: <u> 252 Second Point Road</u> To engage in the repair, service and sales of marine engines. _Warwick, RI_____ Date of Organization: ____ Date of Qualification to do business in Rhode Island (if foreign entity): Phone: (401) 732-6764 THE NAMES OF THE OFFICERS ARE: ☐ CHIEF EXECUTIVE OFFICER OR (## PRESIDENT (CHES OFF) ZIP CODE. Warwick, RI 02886 CUSTODIAN OF RECORDS OR KELCHCTARY ICHAE OW. STRUE ADDRESS CONSTATE Christopher A. LeVasseur Christopher M. Treasurer Chelioco ___sam<u>e as above</u> Z:P CODE Christopher A. LeVasseur same as above THE NAMES OF THE DIRECTORS ARE: CENSTATE ZIP CODE STREET ADDRESS ZIP CO:XE NAME 7:P CODE 223RGCA T338TZ NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 7 NUMBER 500 CLASS CLASS common SERIES SERIES, PÁR VALUE OR PAR VALUE OR WITHOUT PAR WITHOUT PAR without par 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 4.1.C 3 must be filled

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 0042110		Annual Report for the year 1993		
FIRST: The name	of the corporation is	CLMarina,	Inc.	
SECOND: It is inco	orporated under the laws ofR	node Island		
To make retail sa	ales of boat accessor	o engage in the p les of spare part ies and marine ed	repair, service and sales ts for marine engines. quipment. To buy, sell	
and broker boats FOURTH: If forcig		cipal officen/a		
FIFTH: Business a	ddress in Rhode Island	252 Second Po	oint Road	
		Warwick, RI	······································	
SIXTH: Names and Name	d addresses of its directors and o		(Attach rider if necessary)	
	Director			
3	Director			
Christopher A. Lo			nt Road, Warwick, RI	
Christopher A. Le	·	same		
Christopher A. Lo	eVasseur Treasurer	same		
SEVENTH: Numbe	er of Shares authorized:	•	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
500	common		raid no par	
Еіднтн: Number	of Shares issued:	•	UN 1 1993 Par Value or statement that	
No. of Shares	Class	Series SE	CRETARY OF S特質優 are without par value	
none				
Dated June 7,			nci	
	By	le President	yes and the same of the same o	
(Report must be	e signed by an officer) Tit	le rresident		

Form 31 1/85

Filing Fee \$50.00	State of Rhode Island	1565913 Tovidence Plantations	anuary 1st and March 1st
C	CORPOR 100 NOR	ATIONS DIVISION TH MAIN STREET	
Corporate ID	PROVIDENCE 042110	RHODE ISLAND 02903 Annual Report for the year	1992
•	me of the corporation is		
Second: It is	incorporated under the laws of.	Rhode Island	
THIRD: Chara	cter of business, briefly stated, is tnes. To make retail sales of boat acces	to engage in the repair, sales of spare parts for sories and marine equipmen	service and sales marine engines.
		principal officen/a	
FIFTH: Busine	ss address in Rhode Island	252 Second Point Roa	d
		Warwick, RI	
	s and addresses of its directors as	nd officers: Address (including number, stre	(Attach rider if necessary) et, zip code)
	Director		
•••••	Director		
•••••	Director		••••••
Christopher A.	LeVasseur President	252 Second Point Road.	Warwick, RI
	Vice Presi	ident	
Christopher A.	LeVasseur Secretary	same	
Christopher A.	LeVasseur Treasurer	same	
SEVENTH: Nu	mber of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series A ! D	shares are without par value
500	common	MAY 2 U 1997	o par
Eighth: Num	ber of Shares issued:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
none			
DatedMay1.4	19 .9.2	C. L. Marine, Inc. (Name of Corporation)	······································
(Report mi	ast be signed by an officer)	Title Pladt	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

•	0042110	•	year1991
riksi. The hame	e of the corporation is	CLMarine, Inc	
SECOND: It is inc	corporated under the laws of	phodo rolond	
THIRD: Characte	er of business, briefly stated, is	to engage in the repa sales of spare parts	ir, service and sal
o make retail	sales of boat acces	sories and marine equ	ipmentTo buyse
and broker boa Fourth: If forei		rincipal officen/a	
······································			
		2SecondPointRoad	
	Wa	rwick, RI	
SIXTH: Names ar	nd addresses of its directors and	Officers: Address (including nur	(Attach rider if necessary) mber, street, zip code)
	Director		
	Director		
	Director		
Christopher A.	LeVasseur President	252SecondPointRo	ad,Warwick,RI
	Vice Preside	ent	
hristopher A.	LeVasseur Secretary	same	
hristopher A.	LeVasseur Treasurer	same	
SEVENTH: Numb	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
500	common	PAID AAR OI 1991 SECY OF STATE	no par
		MAR 01 100:	•
Eighth: Number	r of Shares issued:	EC'Y OF ST.	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
ione		•	
ited February 2	5.,	C. L. MARINE, INC.	
(Panort must h	e signed by an officer)	Title Pro-lit	

State of Rhode Island and Frividence Plantations CORPORATIONS DIVISION

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without slue
1/1/11
1/1/1/26

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate IE	0042110	Annual Report for	the year1989	
First:	The name of the corporation is			,
Second	: It is incorporated under the laws	of RHODE ISLAND		
of marir make ret broker h	Character of business, briefly stated ne engines. To make retail sales of boat acces boats. It foreign corporation, address of	ail sales of spare par sories…and…marine…equi	ts for marine	e engines
	Business address in Rhode Island			
			•••••	•••••••
Ѕіхтн:	Names and addresses of its director		(Attach ric ng number, street, zip code)	der if necessary)
	Directo	or		***************************************
•••••••	Directo	or		***************************************
	Directo	or	•••••	•••••
Christor	oher A. LeVasseur Preside	nt .252SecondPoint	RoadWarwi	ck.,RI
••••••	Vice P	esident		•••••
-Christop	oherALeVasseurSecreta	rysame	•••••	***************************************
Christon	oher A. LeVasseur Treasu	er same		**********
Seventi	H: Number of Shares authorized:		Par Valu	
No. of Sh	ares Class	Series	or statement shares are wi par value	thout
500	common	PAID	no pa:	
Еіднтн:	Number of Shares issued:	HAR 27 1989	Par Valu	ŧ
No. of Sh		SEC'Y OF STAT	or statement	thout
None	9			
Dated ^{Mar}	rch 16, 1989 19	C. L. Marine (Name of Corporation) By Robert A. Mits	son, Esq.	
(R)	eport must be signed by an officer)	Title Registered Age		•••••••
Form 31 1/85	er mout in signed by an officer)	Park Square Pl 176 Eddie Dowl No. Smithfield	ace, Suite 2 ing Highway	

Form 31 - 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	110	Annual Report fo	or the year	7,588	
FIRST: The name	of the corporation is	is <u>C. L. Marang. Inc.</u>			
Second: It is inco	orporated under the laws o	f	hoge Island		
THIRD: Character	of business, briefly stated,	is repair, service, and	l sales of marine eng	ines.	
boats, and ma	rine supplies.			***********	
_	-	ts principal officeN/A			
	ddress in Rhode Island	252 Second Point Road			
SIXTH: Names and	d addresses of its directors	and officers:	(Attach rider if uding number, street, zip code)	necessary)	
CHRISTOPHER A	LAVASSEUR Directo	r252. Second Point.	.Road.,Warwick.,.RI02	288.6	
	Directo	r			
	Directo				
CHRISTOPHER A	LAVASSEUR Presider	nt252.Second Point	.Road,Warwick,Rf02	2886	
	Vice Pro	esident	·····	*******	
CHRISTOPHER A	LAVASSEUR Secreta	ry 252 Second Point	Road, Warwick, RI 02	2886	
CHRISTOPHER A	LAVASSEUR Treasur	er252SecondPoint	.Road, Warwick, RI.02	2886	
SEVENTH: Number	er of Shares authorized:		Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
500	Соттоп	PAID	No par value	3	
Eighth: Number	of Shares issued: NON	PECY OF STATE NO	Par Value or statement that shares are without		
No. of Shares	Class	Series JA	G par value		
Dated	19 85	(Name of Corporation) By Mustoff Title President	LeVass		
(Report must b	e signed by an officer)	Title Prisident		******	