



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 02903-1330  
401.222.3000

**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. 105926		2. Name of Corporation Meikle Marine & Machine, Inc.		
3. Street Address Principal Business Office 646 Bristol Ferry Road		City Portsmouth	State RI	Zip 02871
4. Business Phone No. (401) 683-5635		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGNING AND REPAIRING OF MARINE COMPONENTS AND FABRICATION OF MACHINED METAL COMPONENTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John D. Meikle		Vice President Name John D. Meikle		
Street Address 646 Bristol Ferry Road		Street Address 646 Bristol Ferry Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Secretary Name Denise M. Meikle		Treasurer Name Denise M. Meikle		
Street Address 646 Bristol Ferry Road		Street Address 646 Bristol Ferry Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name John D. Meikle		Director Name Denise M. Meikle		
Street Address 646 Bristol Ferry Road		Street Address 646 Bristol Ferry Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
1,000 NO PAR VALUE			200	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series

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



File Date 3-1-05  
Check No. 3657  
By: me

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 John D. Meikle Date 2/28/05  
Print or Type Name of Officer  
John D. Meikle  
President



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 02903-1333  
401.222.304

**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>105926</b>		2. Name of Corporation <b>Meikle Marine &amp; Machine, Inc.</b>		
3. Street Address Principal Business Office <b>646 Bristol Ferry Road</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. Business Phone No. <b>401-683-5635</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7880</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGNING AND REPAIRING OF MARINE COMPONENTS AND FABRICATION OF MACHINED METAL COMPONENTS.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>John D. Meikle</b>		Vice President Name <b>John D. Meikle</b>		
Street Address <b>646 Bristol Ferry Road</b>		Street Address <b>646 Bristol Ferry Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>
Secretary Name <b>Denise M. Meikle</b>		Treasurer Name <b>Denise M. Meikle</b>		
Street Address <b>646 Bristol Ferry Road</b>		Street Address <b>646 Bristol Ferry Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>John D. Meikle</b>		Director Name <b>Denise M. Meikle</b>		
Street Address <b>646 Bristol Ferry Road</b>		Street Address <b>646 Bristol Ferry Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
<b>1,000 NO PAR VALUE</b>			<b>200</b>	<b>Common</b>
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
			<b>200</b>	<b>Common</b>

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



\* 1 0 5 9 2 6 \*

File Date 2/20/04  
Check No. 3014  
By: SE

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.

John D. Meikle 2/19/04  
Signature of Officer Date  
John D. Meikle  
Print or Type Name of Officer  
President



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401-222-3044



**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. **105926** 2. Name of Corporation **Meikle Marine & Machine, Inc.**

3. Street Address Principal Business Office **646 Bristol Ferry Road** City **Portsmouth** State **RI** Zip **02871**

4. Business Phone No. **(401) 683-5635** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design & Fabrication of marine components**

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

President Name <b>John D. Meikle</b>	Vice President Name <b>John D. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>
Secretary Name <b>John D. Meikle</b>	Treasurer Name <b>John D. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>

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

Director Name <b>John D. Meikle</b>	Director Name
Street Address <b>646 Bristol Ferry Road</b>	Street Address
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No</b>

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



\* 1 0 5 9 2 6 \*

File Date: 2-28-03

Check No.: 2558

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.

John D. Meikle 2/27/03  
Signature of Officer Date

**John D. Meikle**  
Print or Type Name of Officer  
**President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3046



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. **105926**  
2. Name of Corporation **Meikle Marine & Machine, Inc.**  
3. Street Address Principal Business Office  
**646 Bristol Ferry Road**  
4. Business Phone No. **(401) 683-5635**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design & Fabrication of marine components**

City **Portsmouth** State **RI** Zip **02871**  
6. SIC Code **7880**

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

President Name **John D. Meikle**  
Street Address **646 Bristol Ferry Road**  
City **Portsmouth** State **RI** Zip **02871**

Vice President Name **John D. Meikle**  
Street Address **646 Bristol Ferry Road**  
City **Portsmouth** State **RI** Zip **02871**

Secretary Name **John D. Meikle**  
Street Address **646 Bristol Ferry Road**  
City **Portsmouth** State **RI** Zip **02871**

Treasurer Name **John D. Meikle**  
Street Address **646 Bristol Ferry Road**  
City **Portsmouth** State **RI** Zip **02871**

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

Director Name **John D. Meikle**  
Street Address **646 Bristol Ferry Road**  
City **Portsmouth** State **RI** Zip **02871**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No

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



\* 1 0 5 9 2 6 \*

File Date: 2-25-02

Check No.: 2071

*kmc*

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.

John D. Meikle 2/21/02  
Signature of Officer Date

John D. Meikle

Print or Type Name 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. **105926** 2. Name of Corporation **Meikle Marine & Machine, Inc.**  
3. Street Address Principal Business Office **646 Bristol Ferry Road** City **Portsmouth** State **RI** Zip **02871**  
4. Business Phone No. **(401) 683-5635** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design & Fabrication of marine components**

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

President Name <b>John D. Meikle</b>	Vice President Name <b>Denise M. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>
Secretary Name <b>Denise M. Meikle</b>	Treasurer Name <b>Denise M. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>

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

Director Name <b>John D. Meikle</b>	Director Name
Street Address <b>646 Bristol Ferry Road</b>	Street Address
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City State Zip
Director Name <b>Denise M. Meikle</b>	Director Name
Street Address <b>646 Bristol Ferry Road</b>	Street Address
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City State Zip

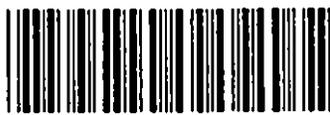
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No</b>

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



\* 1 0 5 9 2 6 \*

File Date: 4/23

Check No.: 1268

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.

Denise M. Meikle 2/15/01  
Signature of Officer Date

**Denise M. Meikle**

Print or Type Name of Officer  
**Treasurer**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-222-31

**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. **105926** 2. Name of Corporation **Meikle Marine & Machine, Inc.**  
3. Street Address Principal Business Office **646 Bristol Ferry Road** City **Portsmouth** State **RI** Zip **02871**  
4. Business Phone No. **(401) 683-5635** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design & Fabrication of marine components.**

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

President Name <b>John D. Meikle</b>	Vice President Name <b>Denise M. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>
Secretary Name <b>Denise M. Meikle</b>	Treasurer Name <b>Denise M. Meikle</b>
Street Address <b>646 Bristol Ferry Road</b>	Street Address <b>646 Bristol Ferry Road</b>
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>

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

Director Name <b>John D. Meikle</b>	Director Name
Street Address <b>646 Bristol Ferry Road</b>	Street Address
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City State Zip
Director Name <b>Denise M. Meikle</b>	Director Name
Street Address <b>646 Bristol Ferry Road</b>	Street Address
City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No</b>

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



\* 1 0 5 9 2 6 \*

File Date: 2/18/00

Check No.: 587

By: 2

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.

Denise M. Meikle 2/1/00  
Signature of Officer Date

**Denise M. Meikle**

Print or Type Name of Officer

Treasurer