

### 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 - M<br>(FORM MUST BE TYPED OR PRIN |                                                | Fee: \$50.00              |                            | _                                             |                                         |                                                         |
|-------------------------------------------------------------|------------------------------------------------|---------------------------|----------------------------|-----------------------------------------------|-----------------------------------------|---------------------------------------------------------|
| 1. Corporate ID No<br>84437                                 | 2. Name of Corporation<br>Sight Sailing, Inc   |                           |                            | -                                             |                                         |                                                         |
| 3. Street Address Principal Business C                      |                                                |                           | City                       | <u>,                                     </u> | State                                   | Zip                                                     |
| 52 YSOWER'S                                                 | Whair                                          | 5. State of Incorporation | Newpor                     | <u>γ</u>                                      | KI                                      | 02840                                                   |
| 401 849-3                                                   | 322                                            | RHODE ISLAND              |                            |                                               |                                         | 6. SIC Gode<br>6551                                     |
| 7. Brief Das rimion of the Character DAY SAILING CHARTER    |                                                |                           |                            |                                               |                                         |                                                         |
| 8. NAMES AND ADDRESSES President Name                       |                                                |                           | Vice President Name        |                                               | ES BEFORE USING AT                      | TACHMENTS                                               |
| Sireci Address                                              | Hirschle                                       |                           | Sirvet Address             | ame c                                         | is above                                |                                                         |
| ad breenwy                                                  | h Mace C                                       | 1717 7                    |                            | · · · · · · · · · · · · · · · · · · ·         |                                         |                                                         |
| NewPort                                                     | ]                                              | 05840                     | City                       |                                               | State                                   | Zip                                                     |
| Same Same                                                   | as above                                       |                           | Treasurer Name             | ime a                                         | s above                                 |                                                         |
| Sinci Address                                               | <u>0(3                                    </u> | <u> </u>                  | Street Address             | <u>, , , , , , , , , , , , , , , , , , , </u> | 3_0.00                                  |                                                         |
| City                                                        | State                                          | Zip                       | City                       |                                               | Siaie                                   | Zip                                                     |
| 9. NAMES AND ADDRESSES                                      | OF THE DIRECTOR:                               | <br>5:                    | :<br>( <i>CHMENT</i> ) □ F | <br>FILL IN SPA                               | CES REFORE USING A                      | ATTACHMENTS                                             |
| Director Name  Nune                                         |                                                |                           | Director Name              |                                               |                                         |                                                         |
| Sirver Address                                              |                                                |                           | Street Address             |                                               |                                         |                                                         |
| <del></del>                                                 |                                                |                           | _                          |                                               |                                         |                                                         |
| City:                                                       | State                                          | Zip                       | City                       |                                               | State                                   | Zip                                                     |
| Director Name None                                          | ***************************************        | ·····                     | Director Name              | Jane                                          | ••••••••••••••••••••••••••••••••••••••• |                                                         |
| Street Address                                              |                                                |                           | Street Address             | <u> </u>                                      | <del></del>                             |                                                         |
| City                                                        | State                                          | Zip                       | City                       |                                               | State                                   | Zip                                                     |
| 10. SHARES AUTHORIZED (                                     | <br>(*X" BOX FOR ATTA                          | CHMENT)                   | 11. SHARES ISSU            | <br>JED <i>("X" E</i>                         | OX FOR ATTACHMEN                        |                                                         |
| Number of Shares                                            | Class/Scries                                   | Par Value                 | Number of Shares           |                                               | Class/Series                            | Par Value                                               |
| 1,000 COMM NO PAR VALU                                      | E                                              |                           | ク食                         | lune                                          | Ha Par Vote                             |                                                         |
|                                                             |                                                |                           |                            |                                               |                                         |                                                         |
| This report must be s                                       | ioned in ink by eithe                          | r the President, Vice Pre | seident Secretary A        | Verietant Sec                                 | Cratery Transport Page                  | inas as Teurtas                                         |
|                                                             |                                                | - the Freshdent, vice 1 h | sidem, secretary, A        | 1221219111 OC                                 | retary, Treasurer, Rece                 | aver or trustee                                         |
|                                                             |                                                |                           |                            |                                               |                                         |                                                         |
|                                                             |                                                |                           |                            |                                               |                                         |                                                         |
| 1 134181                                                    |                                                | BI 1881                   |                            |                                               |                                         | have examined this report, its, and that all statements |
| / // / 07                                                   |                                                |                           | contained bere             |                                               |                                         | ns, and that an statements                              |
| File Date                                                   |                                                |                           | <u> LM</u>                 | <u> </u>                                      | Hushle                                  | 1/12/05                                                 |
| Check No. 2104                                              | ,                                              |                           | Signature of Of            | (ficer                                        | 7 11                                    | Date                                                    |
| 2                                                           |                                                |                           | V 201                      | 50 T                                          | HIRCHI                                  | er                                                      |
| Ву:                                                         | <del></del>                                    |                           | Print or Type N            |                                               |                                         |                                                         |
| FOR SECRETARY OF STATE USE ONLY                             |                                                |                           | Title of Officer           | Je 4719                                       | <u>~</u>                                |                                                         |



# 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 | 2004         |
|-----------------------------------------------|--------------|
|                                               | <del>-</del> |

| Filing Period: January 1 - A<br>FORM MUST BE TYPED OR PRI    |                                | ing Fee: \$50.00          |                                                            |                        | <u>v.1</u>                       |  |                     |               |   |                               |  |  |  |
|--------------------------------------------------------------|--------------------------------|---------------------------|------------------------------------------------------------|------------------------|----------------------------------|--|---------------------|---------------|---|-------------------------------|--|--|--|
| L Corporate ID No.                                           | 2. Name of Corporation         |                           |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
| 84437                                                        | Sight Sailing,                 | Inc.                      | <del></del>                                                | T                      |                                  |  |                     |               |   |                               |  |  |  |
| 3. Street Address Principal Business Office 32 Bowen's Whatf |                                |                           | Nembort                                                    | State                  | 02840                            |  |                     |               |   |                               |  |  |  |
| 1. Bustness Phone No.                                        | <u>-</u>                       | 5. State of Incorporation | 1 1 2 2 2 2 1 3                                            | , , , , ,              | 6. SIC Code                      |  |                     |               |   |                               |  |  |  |
| 849-3337<br>7. Brief Description of the Character            |                                | RHODE ISLAND              |                                                            |                        | 6551                             |  |                     |               |   |                               |  |  |  |
| DAY SAILING CHARTE                                           | RS, SAILING TOURS              | ,                         |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
| B. NAMES AND ADDRESSES President Name                        | OF THE OFFICER                 | IS: ("X" BOX FOR ATTA     |                                                            | SPACES BEFORE USI      | NG ATTACHMENTS                   |  |                     |               |   |                               |  |  |  |
| John P. H                                                    | irschler                       |                           | Vice President Name Sume                                   |                        |                                  |  |                     |               |   |                               |  |  |  |
| Street Address                                               |                                | (, , , ,                  | Street Address                                             |                        |                                  |  |                     |               |   |                               |  |  |  |
| 22 Greenous                                                  |                                | Unit 2                    | City                                                       | T <sub>Exact</sub> .   |                                  |  |                     |               |   |                               |  |  |  |
| trogus Mill                                                  | State RI                       | 2402840                   | City                                                       | State                  | Zip                              |  |                     |               |   |                               |  |  |  |
| Secretary Name                                               | ···                            | ····.                     | Treasurer Name                                             |                        |                                  |  |                     |               |   |                               |  |  |  |
| Sireci Address                                               |                                |                           | Sane                                                       |                        |                                  |  |                     |               |   |                               |  |  |  |
| ······································                       |                                |                           | Street Address                                             |                        |                                  |  |                     |               |   |                               |  |  |  |
| Sity                                                         | State                          | Zφ                        | City                                                       | State                  | Zip                              |  |                     |               |   |                               |  |  |  |
| . NAMES AND ADDRESSE:                                        | <br>S OF THE DIRECT!           | <br>                      |                                                            | SPACES BEFORE 11       | SING ATTACHMENTS                 |  |                     |               |   |                               |  |  |  |
| Director Name                                                | OF THE DIRECT                  | JRS: ( X BUX FUR AI       | Director Name                                              | SPACES BEFORE U.       | ing Allacaments                  |  |                     |               |   |                               |  |  |  |
|                                                              | as above                       | ·                         |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
| Street Address                                               |                                |                           | Street Address                                             |                        |                                  |  |                     |               |   |                               |  |  |  |
| Culy                                                         | State                          | Zip                       | City .                                                     | State                  | Zip                              |  |                     |               |   |                               |  |  |  |
| ••••                                                         | . <b>.</b>                     |                           | •<br>•<br>• • • • • • • • • • • • • • • • • •              |                        |                                  |  |                     |               |   |                               |  |  |  |
| Director Name                                                |                                |                           | Director Name                                              |                        |                                  |  |                     |               |   |                               |  |  |  |
| Street Address                                               |                                |                           | Street Address                                             |                        |                                  |  |                     |               |   |                               |  |  |  |
|                                                              | <del></del>                    |                           |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
| City                                                         | State                          | Zip                       | City                                                       | State                  | Zip                              |  |                     |               |   |                               |  |  |  |
| 10. SHARES AUTHORIZED                                        | ("X" BOX FOR AT                | <br> TACHMENT)            | 11. SHARES ISSUED (                                        | <br>"X" BOX FOR ATTAC  | <br>CHMENT) □                    |  |                     |               |   |                               |  |  |  |
| NUTHORIZED SHARES                                            |                                |                           | ISSUED SHARES                                              |                        |                                  |  |                     |               |   |                               |  |  |  |
| Number of Shares                                             | Class/Scries                   | Par Value                 | Number of Shares                                           | Class/Series           | Par Value                        |  |                     |               |   |                               |  |  |  |
| 1,000 COMM NO PAR VAL                                        | <b>UE</b>                      |                           | None                                                       |                        |                                  |  |                     |               |   |                               |  |  |  |
|                                                              |                                |                           |                                                            | <u> </u>               |                                  |  |                     |               |   |                               |  |  |  |
|                                                              |                                |                           |                                                            | <u> </u>               |                                  |  |                     |               |   |                               |  |  |  |
| This report must be                                          | signed in ink by ci            | ther the President, Vice  | President, Secretary, Assista                              | nt Secretary, Treasure | r, Receiver or Trustee           |  |                     |               |   |                               |  |  |  |
| 1 (00)                                                       | INIIK NINII SKAAN KIIII INNI I |                           |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
|                                                              |                                |                           |                                                            |                        |                                  |  |                     |               |   |                               |  |  |  |
|                                                              |                                |                           |                                                            |                        | n that I have examined this rep  |  |                     |               |   |                               |  |  |  |
| * {                                                          | 3 4 4 3 7                      | <del>*</del> ¬            |                                                            |                        | statements, and that all stateme |  |                     |               |   |                               |  |  |  |
| File Date                                                    |                                |                           | Signature of Officer  Toho P. Hirschle:  Toho P. Hirschle: |                        |                                  |  |                     |               |   |                               |  |  |  |
|                                                              |                                |                           |                                                            |                        |                                  |  | Ву:                 | <u> </u>      | _ | Print or Type Name of Officer |  |  |  |
|                                                              |                                |                           |                                                            |                        |                                  |  | FOR SECRETARY OF ST | TATE USE ONLY |   | President                     |  |  |  |
| ON DECREMENT OF STATE USE OFFEE                              |                                |                           | Title of Officer                                           |                        |                                  |  |                     |               |   |                               |  |  |  |

Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

| Filing Perlod: Janu             | ary 1-March 1 • Filing Fee: \$50.00           |         |       | I.S.        |
|---------------------------------|-----------------------------------------------|---------|-------|-------------|
| FORM MUST BE TYPED OR I         | PRINTED IN BLACK)                             |         |       |             |
| 1. Corporate ID No.             | 2. Name of Corporation                        | •       |       |             |
| 84437                           | Sight Sailing, Inc.                           |         |       |             |
| 3. Street Address Principal Bus |                                               | City    | State | ZIp         |
| 2 Geer<br>4. Business Phone No. | ough Place UnitZ                              | Newfort | RI    | 6. SIC Code |
| 401849-33                       | RHODE ISLAND                                  |         |       | 6551        |
|                                 | rracter of Business Conducted in Rhode Island |         |       |             |
| Sailing                         | our York Charler                              |         |       |             |

| 7. Brief Description of the Character | r of Business Conducted in |                                      | ט                                      |                   | 0001         |
|---------------------------------------|----------------------------|--------------------------------------|----------------------------------------|-------------------|--------------|
| Sailing Tou                           | SES OF THE OFFI            | t Charters<br>CERS (*X* BOX FOR ATTA | CHMENT) FILL IN SPACE                  | ES BEFORE USING A | ATTA CHMENTS |
| President Name                        | 11:000                     | Ner                                  | Vice President Name Street Address     | ane               |              |
| CIN A Green                           | 10 wh Pl                   | 46. Unx 2<br>02840                   | City                                   | State             | Zip          |
| Secretary Name Sur                    | ę                          |                                      | Treasurer Name                         |                   |              |
| Street Address                        |                            |                                      | Street Address                         | "                 |              |
| City                                  | State                      | Zip                                  | City                                   | State             | Zip          |
| 9. NAMES AND ADDRES  Director Name    | SES OF THE DIRE            | CTORS ("X" BOX FOR AT                | TACHMENT) FILL IN SPA<br>Director Name | ACES BEFORE USING | GATTACHMENTS |
| Street Address                        |                            |                                      | Street Address                         |                   |              |
| City                                  | State                      | Zip                                  | City                                   | State             | Zip          |
| Director Name                         |                            | • • • •                              | Director Name                          | •••               |              |
| Street Address                        |                            |                                      | Street Address                         |                   |              |
|                                       |                            |                                      |                                        |                   |              |

City State

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

Class/Series Par Value · Number of Shares Class/Series Par Value

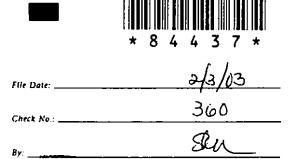
Title of Officer

1,000 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

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 affire | n that I have examined    |
|------------------------------------------------|---------------------------|
| this report, including any accompanying sch    | edules and statements, an |
| that allystatemonts contained herein are true  | and correct.              |
| She Comples                                    | 2/1/2003                  |
| Signature of Officer                           | Date                      |
| John P. Huschler                               |                           |
| Print or Type Name of Officer                  |                           |
|                                                |                           |
|                                                |                           |

Ferni 630 12/02

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

#### 2002 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 Corpor                       |                                        |                           | •                      |             |
| 84437                             | Sight Saili                             | ng, Inc.                               |                           |                        |             |
| 3. Street Address Principal 1     |                                         | \ <b>~</b>                             | City                      | State                  | Zip         |
| トン アン でい                          | eenagh Pl                               | <b>⇒</b>                               | Nembort                   | RI                     | 05840       |
|                                   |                                         |                                        | ration                    |                        | 6. SIC Code |
| 401 849-7                         | 5333<br>Character of Business Conducted | RHODE IS                               | LAND                      |                        | 6551        |
| V. Brief Description of the C     | naracter of Business Conducted          | in Rhode Island                        |                           |                        |             |
| TACHX C                           | harters, S                              | ailing 100                             | (2)                       |                        |             |
| B. NAMES AND AD<br>President Name | DRESSES OF THE OFF                      | FICERS ("X" BOX FOR                    | ATTACHMENT) FILL IN SPAC  | ES BEFORE USING ATTA   | CHMENTS     |
|                                   | ? Hirschle                              |                                        | Vice President Name       |                        |             |
| Street Address                    | · LILIZENIA                             | ₹/                                     | No.                       | <b>^&lt;</b>           |             |
|                                   | - ι Δι .                                | $\pi$                                  | Street Address            |                        |             |
| Siny Carlo                        | enough Pl.                              | Zip                                    | City                      | State                  | 710         |
| Newport                           | RT                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                           | Sinte                  | Zip         |
| Secretary Name                    | 1                                       | 0 = 0 (0                               | Treasurer Name            | • • • •                |             |
| Non                               |                                         |                                        | Nac                       |                        |             |
| Street Address                    | 1.0                                     |                                        | Street Address            |                        |             |
|                                   |                                         |                                        | •                         |                        |             |
| City                              | State                                   | Zip                                    | City                      | State                  | Zip         |
|                                   |                                         |                                        |                           |                        | ,           |
| . NAMES AND AD                    | DRESSES OF THE DIR                      | ECTORS ("X" BOX FO                     | R ATTACHMENT) FILL IN SPA | CES BEFORE USING AT    | TACHMENTS   |
| Ofrector Name                     |                                         |                                        | Director Name             |                        |             |
| Non                               | 1e                                      |                                        | Hone                      |                        |             |
| treet Address                     |                                         |                                        | Street Address            |                        |             |
| _                                 |                                         |                                        |                           |                        |             |
| Sity                              | State                                   | Zip                                    | City                      | State                  | Zip         |
|                                   |                                         |                                        | 4 4 12                    |                        | •           |
| Director Name                     |                                         |                                        | Director Name             |                        |             |
| Street Address                    | •                                       |                                        | Nove                      |                        |             |
| treet Address                     |                                         |                                        | Street Address            |                        |             |
| Stry                              | State                                   | Zip                                    | City                      | State                  | Zip         |
|                                   |                                         |                                        |                           |                        |             |
| O. SHARES AUTHO                   | RIZED ("X" BOX FOR ATT                  | TACHMENT)                              | 11. SHARES ISSUED         | ("X" BOX FOR ATTACHMEN | <i>:т)</i>  |
| CERNAFE CERESPORTED               |                                         |                                        | ESPLED SHARES             |                        |             |
| lumber of Shares                  | Class/Series                            | Par Value                              | Number of Shares          | Class/Series           | Par Value   |
| 1,000 COMM NO PA                  | AR VALUE                                |                                        | .^                        |                        |             |
|                                   |                                         |                                        | None                      |                        |             |
|                                   |                                         |                                        |                           |                        |             |
|                                   |                                         |                                        |                           |                        |             |

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



| File Date: | 1-14-02                               |   |
|------------|---------------------------------------|---|
| Theck No.: | 116                                   | - |
| By:        | de                                    |   |
|            | · · · · · · · · · · · · · · · · · · · |   |

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 schigments contained herein are true and correct.

Title of Officer **₹** 

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 84437 Sight Sailing, Inc. 3. Street Address Principal Business Office Greenough Pl. 02840 4. Business Phone No. 5. State of Incorporation 401 849 3333 7. Brief Description of the Character of Business Conducted in Rhode Island [ 80 M Yacht Charters 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS John City State Zip Street Address State City Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City State City State ZIp Director Name Director Name Mone Street Address City State Zip City State Zip

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

ISSUED SHARES

Number of Shares

None

| File Date:    | * 8 4 4 3 7 *<br>2/22 |
|---------------|-----------------------|
| Check No.:    | 1658                  |
| Ву:           | 2-                    |
| FOR SECRETARY | OF STATE USE ONLY     |

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

1,000 COMM NO PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

| <del></del>                                                           |
|-----------------------------------------------------------------------|
| 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.            |
| The P Arrable Janay 8 200                                             |
| Signature of Officer Date                                             |
| John P. Hyrschler                                                     |
| Print or Type Name of Officer                                         |
| President                                                             |
| Title of Officer                                                      |

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

Class/Series

Par Value

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

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

2000 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR\_

| (FORM MUST BE TYPED IN BE                 | LACK)                            |                                         |                                     |                       |                      |
|-------------------------------------------|----------------------------------|-----------------------------------------|-------------------------------------|-----------------------|----------------------|
| 1. Corporate ID No.<br>84437              | 2. Name of Corporati             | ton                                     |                                     |                       |                      |
| 3. Street Address Principal Busine        | ss office Sign                   | tsailing, Inc                           | City                                | State                 | Zip                  |
| 4. Business Phone No.                     | 22 Greenough                     | P1. #2 5. State of Incorporat           | Newport<br>don                      | RI                    | 02840<br>6. SIC Code |
| 849<br>7. Brief Description of the Chardo |                                  |                                         |                                     | •                     | 6551                 |
| 8. NAMES AND ADDRI                        | Sailing Tou<br>ESSES OF THE OFFI | irs lacht Jhart<br>CERS (*x* BOX FOR AT | COTO TACHMENT)  Vice President Name |                       |                      |
| President Name                            |                                  |                                         |                                     |                       |                      |
| John P.                                   | Hirschler                        |                                         | Samo<br>Street Address              |                       |                      |
| 22 Jreer                                  | nough Pl. if2                    | Zip                                     | City                                | State                 | Zip                  |
| Newport<br>Secretary Name                 | RI                               | 02840                                   | Treasurer Name                      |                       |                      |
| Same<br>Street Address                    |                                  |                                         | Samo<br>Street Address              |                       |                      |
| City                                      | State                            | Zip                                     | City                                | State                 | Z.ip                 |
| 9. NAMES AND ADDR                         | ESSES OF THE DIRE                | ECTORS (*X* BOX FOR                     |                                     | •                     |                      |
| Director Name                             |                                  |                                         | Director Name                       |                       |                      |
| Street Address                            | me                               |                                         | Street Address                      |                       |                      |
| City                                      | State                            | Zip                                     | City                                | State                 | Zip S                |
| Director Name                             |                                  | •• •                                    | Director Name                       | •                     | c                    |
| Street Address                            |                                  |                                         | Street Address                      |                       | 0                    |
| City                                      | State                            | Zip                                     | City                                | State                 | Zip'                 |
| 10. SHARES AUTHORIS                       | ZED ("X" BOX FOR ATT             | ACHMENT)                                | 11. SHARES ISSUED                   | (*X* BOX FOR ATTACHME | T San                |
| Number of Shares                          | Class/Series                     | Par Value                               | Number of Shares                    | Class/Serles          | Par Value            |
| 1000                                      | Common                           | None                                    | None                                |                       |                      |
|                                           |                                  | •                                       |                                     |                       |                      |

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

| File Date:    | JUN 0 8 2000 Ward   | 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  Date |
|---------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ву:           | SEC'Y OF STATE      | Print or Type Name of Officer                                                                                                                                                                                                    |
| FOR SECRETARY | Y OF STATE USE ONLY | Tyle of Officer                                                                                                                                                                                                                  |



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

\$TOP

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

| Filing Perio                                                     | d: January                    | 1-March 1 • F                | filing Fee: \$50.00                                      |                              |                          | INSTRUCTIONS                            |
|------------------------------------------------------------------|-------------------------------|------------------------------|----------------------------------------------------------|------------------------------|--------------------------|-----------------------------------------|
| (FORM MUST BE                                                    |                               | CKU                          |                                                          |                              |                          |                                         |
| 1. Corporate ID                                                  | 4437                          | 2. Name of Corporation       | "Sightsailing,                                           | Inc.                         |                          |                                         |
| 3. Street Address F                                              | Principal Business (<br>22 Gr | oma<br>eenough Pl. #         | 2                                                        | chy<br>Newport               | State<br>RI              | <sup>z</sup> / <sub>0</sub> 2840        |
| 4. Business Phone No. 849-3333                                   |                               | 5. State of Incorporation RI |                                                          |                              | 6. sic code<br>6751      |                                         |
| 7. Brief Description                                             | n of the Character            | of Business Canducted in I   | Rhode Island<br>Sailing T                                | Cours Yacht Jhart            | ers                      |                                         |
| 8. NAMES A                                                       | ND ADDRESS                    | SES OF THE OFFIC             | ERS ("X" BOX FOR ATTACH                                  | HMENT)                       |                          |                                         |
| President Name                                                   |                               | Hirschler                    |                                                          | Vice President Name<br>Sa mo |                          |                                         |
| Street Address                                                   | 22 Jree                       | enough Pl. #2                |                                                          | Street Address               |                          |                                         |
| City                                                             | Newport                       | State<br>RI                  | <sup>zıp</sup> 02840                                     | City                         | State                    | Zip                                     |
| Secretary Name                                                   | Same                          |                              | * · · · · · · · · · · · · · · · · · · ·                  | Treasurer Name<br>Sa.me      | • •                      | •                                       |
| Street Address                                                   |                               |                              |                                                          | Street Address               |                          |                                         |
| City                                                             |                               | State                        | Zip                                                      | City                         | State                    |                                         |
|                                                                  | ND ADDRES                     | SES OF THE DIREC             | CTORS ("X" BOX FOR ATTA                                  |                              |                          |                                         |
| Director Name                                                    |                               | Same                         |                                                          | Director Name                |                          | · (1                                    |
| Street Address                                                   |                               |                              |                                                          | Street Address               |                          | 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| City                                                             |                               | State                        | Zip                                                      | City                         | State                    | C                                       |
| Director Name                                                    |                               |                              | ••                                                       | Director Name                |                          |                                         |
| Street Address                                                   |                               |                              |                                                          | Street Address               |                          |                                         |
| City                                                             |                               | State                        | Zip                                                      | City                         | State                    | Zip                                     |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES |                               |                              | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES |                              |                          |                                         |
| Number of Shares                                                 |                               | Class/Series                 | Par Value                                                | Number of Shares             | Class/Series             | Par Value                               |
|                                                                  | 1000                          | Jommon                       | None                                                     | None                         |                          |                                         |
| This renort i                                                    | must he sion                  | <b>ed in ink</b> hv eithd    | er the President. Vice                                   | President, Secretary, As     | ssistant Secretary, Trea | asurer, Receiver or Trustee             |
| report                                                           | as or sign                    | the same of the              | or the real warry rate                                   |                              |                          | •                                       |
|                                                                  |                               |                              |                                                          |                              |                          |                                         |



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

STOP PLEASE REALD INSTRUCTIONS

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 199

| Filing Period: January                          | 1-March 1 • Fi              | lling Fee: \$50.00        |                            |                        | INSTRUC             |
|-------------------------------------------------|-----------------------------|---------------------------|----------------------------|------------------------|---------------------|
| FORM MUST BE TYPED IN BLA                       | CK)                         |                           |                            |                        |                     |
| . Corporate ID No.                              | 2. Name of Corporation      | . \ -                     | _                          |                        |                     |
| 84437                                           | Siah                        | itsailing I               | <u>-</u> Λ ( .             |                        | 21-                 |
| 1. Street Address Principal Business            |                             |                           | City                       | State                  | Zip                 |
| 27 Clarvin                                      | ah Pl t                     | きし                        | Newport                    | 1,7                    | C, 5249             |
| 1. Business Phone No.                           | ) 000                       | S. State of Incorporation | 1                          |                        | 6. SIC Code<br>6.55 |
| 40/ 340                                         | 1-3333                      | KT                        |                            |                        | 6:22 /              |
| Brief Description of the Character              | of Business Conducted in Ri | hode Island               | c\(                        |                        |                     |
| 2001100                                         | Cours, 4                    | acht cha                  |                            |                        |                     |
| B. NAMES AND ADDRES                             | SES OF THE OFFICE           | ERS ("X" BOX FOR ATTAC    | HMENT) Vice President Name |                        |                     |
| President Name                                  | ? Hirsch                    | 1                         | SAN                        | Λſ                     |                     |
| Street Address                                  | · HIII) Ch                  | ાં સ                      | Street Address             | 1,                     |                     |
|                                                 | 10, 1                       | 42                        |                            |                        |                     |
| city C                                          | State )                     | Zio                       | City                       | State                  | Zip                 |
| Newport                                         | RT                          | # Z<br>02842              | ·                          |                        |                     |
| Cadandaran Marina 🐧                             |                             |                           | Treasurer Name             |                        |                     |
| SA.                                             | 46                          | •                         | 5 1                        | ne                     |                     |
| Street Address                                  | -                           |                           | Street Address             |                        |                     |
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| City                                            | State                       | Zip                       | City                       | State                  | Zip                 |
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| 9. NAMES AND ADDRES                             | SES OF THE DIREC            | TORS ("X" BOX FOR ATT     | ACHMENT) Director Name     |                        |                     |
| Director Name                                   |                             |                           |                            |                        |                     |
| Street Address                                  |                             |                           | Street Address             |                        |                     |
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| Director Name                                   |                             |                           | Director Name              |                        |                     |
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| Street Address                                  |                             |                           | Street Address             |                        | <u>+</u> , rñ       |
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| 10 BULBER : : : : : : : : : : : : : : : : : : : | D /                         |                           | 11 CHARRE ICCUEN           | ("X" BOX FOR ATTACHMEN | _                   |
| 10. SHARES AUTHORIZE                            | ש: ("X" BOX FOR ATTAC.      | HMENI)                    | II. SHAKES ISSUED          | LA BOX FOR ATTACHMEN   | 147                 |
| AUTHORIZED SHARES                               | Class/Series                | Par Value                 | Number of Shares           | Class/Series           | Par Value           |
| Number of Shares                                | Ginas/ ovitts               | *,=- *=-==                | -                          |                        |                     |
| 1000                                            | Common                      | hone                      | None                       |                        |                     |
| ( •                                             | <u>_</u> +, (, , , , ,      | 10412                     | , -                        |                        |                     |
|                                                 |                             |                           |                            |                        |                     |

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

| that all statements contained herein are true and corrections.    SEC'Y OF STATE   Print or Type Name of Officer |                       |
|------------------------------------------------------------------------------------------------------------------|-----------------------|
| File Date:  PAID W Signature of Officer  Date                                                                    | <u></u>               |
| that all statements contained herein are true and corrections.                                                   | Date -                |
| Under penalty of perjury, I declare and affirm that I h  // this report, including any accompanying schedules an | es and statements, an |

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

#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation Sight Sailing, Inc.

City State Zip 3. Street Address Principal Business Office 22 White Terrace Middletown RI 02848 4. Business Phone No. 401 849-3333 7. Brief Description of the Character of Business Conducted in Rhode Island Sailing Tours, yacht charters 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name John P. Hirschler John P. Hirschler Street Address Terrace Zip City State City Middletown ... RI .02842... Treasurer Name Secretary Name John P. Hirschler John P. Hirschler Street Address Street Address Zio City State Clly 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name 'John P. Hirschler None Street Address Street Address 22 White Terrace State Zip City City Middletown RI .. .02842 Director Name Director Name None None Street Address Street Address Zip State City State ZIP City 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) ESSUED SHARES

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

Number of Shares

100



Class/Series

Par Value

1,000 SHS NO PAR COMMON

FOR SECRETARY OF STATE USE ONLY

AUTHORIZED SHARES

Number of Shares

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Signature of Officer

Class/Series

Common

h Officer Hirschler President

Title of Officer

Par Value

No par

### **ANNUAL REPORT**

1996



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

| 2. HAME OF CORPORATION                       | PLEASE TYPE OH                                                                                                                                                   | PRINT IN BLACK INK.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <u>r. Hirschler</u>                          | ·                                                                                                                                                                | Non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|                                              | Sight S  Terrace  Terrace  3333  DE BUSINESS COMOUCTED IN PHODE ISL  TOURS  PHISCHIER  TOUR  STATE  10. S H  AUTHORIZED SHARES  QASS/SERES  NO_PAR_COMMON_  This | Sight Sailing, Inc.  Sight Sailing, Inc.  Terrace  Sight Sailing, Inc.  Terrace  Sight Sailing, Inc.  This report must be Signature  Sight Sailing, Inc.  Sight | SIGHT SAILLING, INC.  TEMACE  STATE OF MICHIGANIAN MICHIGANIAN RHODE ISLAND  FRANCES COMMON.  SIGHT SAILLING, INC.  MIDDELLOWN   SIGHT SAILING, INC.  TEMACE  SIGHT SAILING, INC.  MIDDELOW  RESOLUTION  RHODE ISLAND  RHODE ISLAND  THESSIES CONOCIDENTIANDS SLAND  R. NAMES AND ADDRESSES OF THE OFFICERS  WICE PRESOLUTION  R. NAMES AND ADDRESSES OF THE OFFICERS  WICE PRESOLUTION  STREET ADDRESS  NO.  STREET ADDRESS  STREET ADDRESS  NO.  STREET ADDRESS  NO.  STREET ADDRESS  NO.  STREET ADDRESS  NO.  PAR COMMON.  NO.  PAR COMMON. |  |