

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

Corporations Divisir 100 North Main Stre Providence, RI 02903-13:

401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2005 Filing Period: January 1 - March 1 ...

(FORM MUST HE TYPED OR P.		mg ree: \$50.00			
1. Corporate ID No.	2. Name of Corporal				
110039	Parker Marin	e, Inc.			
3. Street Address Principal Busine 281 FRAN			BRISTOL	State R. L	02809
4. Business Phone No. 5. State of Incorporation 401 - 254 073 3					6. SIC Code
7 Brief Description of the Character SALE OF USED BOA	ter of Business Conducted	I RHODE ISLAND in Rhode Island	.,		4812
8. NAMES AND ADDRESS President Name DGUID Par		RS: ("X" BOX FOR ATT	ACHMENT)	N SPACES BEFORE USIN	NG ATTACHMENTS
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Secretary Name	·····	****	Tryssurer Name		
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9. NAMES AND ADDRESS Director Name DGUID Park	65	ORS: ("X" BOX FOR A)	FILL Director Name	IN SPACES BEFORE US	 SING ATTACHMENTS
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1,000 COMM \$1.00 PAR	VALUE				
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This report must b	oe signed in ink by e	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treasure	Receiver or Trustee
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			including any acco	ompanying schedules and si	that I have examined this relatements, and that all statem
File Date	ILED		contained herein a	re true and correct.	1/2/
Check No. MAF	2 1 2005	74	Signature of Officer	^	Date
By: By	(US_		Print or Type Name		
V -	STATE LISE ONLY	-	Presiden	- ••	

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

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(FORM MUST BE TYPED							
1. Corporate ID No.	2. Name of Corpo						
110039	Parker Marir	ne, Inc.					
3. Street Address Principal			City	State	Zip		
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4. Business Phone No. 5. State of Incorpor					6. SIC Code		
4012540733		RHODE IS	LAND		4812		
7. Brief Description of the SALE OF USED BOA	Character of Business Con	ducted in Rhode Island					
8 NAMES AND ADD	RESSES OF THEOF	ICERS (FXFBOX F	ORATO (COMPAN) TOTAL (N	SPACES BEFORE USING A	DIAMETERS		
President Name David Parker			Vice President Name				
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19 Tilbury Rd			Street Address				
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leny Bristol	State RI	Zip	City	State	Zip		
Secretury Name		02809	* * * * * * * * * * * * * * * * * * * *		<i>.</i>]		
			Treasurer Name				
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1 1	0 0 3 9		Under penalty of p	erjury, I declare and affirm	that I have examined		
			this report, includi	ng any accompanying sched	lules and statements,		
110039 DBC 01/07	7/04 11:36:07 AM		and that all statem	ents contained hyrein are tru	ie and correct.		
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Check No. O) ~ 9	Į	Signature of Officer		Date		
$\overline{\eta}$		-	David Par				
Ru:		1	Print or Type Name	of Officer			

PRESIDENT Tille of Officer

Form 630 12/01



Edward S. Inman, III. Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PRÓFIT CORPORATION ANNUAL 2003



his report must be signe	ed in ink by either		resident, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Trus
1,000 COMM \$1.00 PAR V	ALUE		none:		
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Director Name		•	Director Name		
Cuy	State	. Zip	City	State	Zip
Street Address			Street Address		
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
Street Address			Street Address		
Secretary Name			Treasurer Name	•••	••
BRISTOL	State RJ	02809	City	State	ZIp
Street Address	ory DR.		. Street Address		
President Name DGVID L	Parke		Vice President Name		
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401 254 C Brief Description of the Character,	of Business Conducted in 1	RHODE ISLAND			4812
281 FRANKI	_	5. State of Incorporation	BRISTOL	K J	6. SIC Code
110039 3. Street Address Principal Business		e, Inc.	City	State [Zip
1. Corporate ID No.	2. Name of Corporatio			•	
FILING PERIOD: JANUARY (FORM MUST BE TYPED OR PRINT)		Filling Fee: \$50.00			Tystra e He
Filing Period: January	J-March 1 A	MININUML REI Filing Eart \$50.00	OKI FUK IH	E YEAR _ ZUI	PH.VVI RI

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By:	<u> Ze</u>
FOR SECRE	TARY OF STATE USE ONLY

Under penalty	of perju	I declare and	firm that	t I have (examine	d
this report, in	luding	any accompanyli	soledule	s and sta	tement:	i, and
that XII state in	ents co	tained crein a	rane and	correct.		
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Signature of Office	,,			ale	- 1	╂-}-
David		Parker	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	"" .[У	1.77
			<u>/>,o</u>	ny	\mathcal{L}	714
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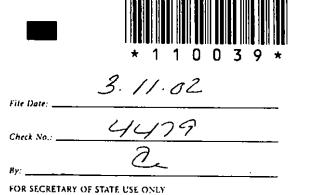
Edward S. Inman, III. Secretary of Stat Corporations Division 100 North Main Street, Providence. RI 02903-133: 401-222-304:

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00	PORT FOR TH	E YEAR	PER ASE INSTRUC
(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate ID No.	2. Name of Corporati	on	•		
110039	Parker Marin	e, Inc.			
3. Street Address Principal Busin 281 FRAN K	<i>)</i>		BRISTOL	State ()	710 RAG
4. Business Phone No.	1/1/10	S. State of Incorporation	INDICE	7 2	00001
401 254	0133	RHODE ISLAN	D		6. SIC Code 4812
7. Brief Description of the Chara 11SED BOOT	cter of Business Conducted in SaIES &				
8. NAMES AND ADDRI			CHMENT) FILL IN SPACE	SBEFORE USING ATTA	CHMENTS
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Street Address			Street Address		
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Secretary Name	CKEV	*** * ** *****************************	Treasurer Name	MICES	•
itreet Address	11151		Street Address 1	70,00	
19-11/001	$Y \perp DK$.		197,1601	Y di.	
BRISTOL	Store 1	²⁵ 07809	BAISTAL	B"I RE	30 9°
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Street Address			Street Address		
City	State	Zip	City	State	Zip
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Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR	RVALUE		none		Ø
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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 epoct, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| Date | Date | Parks



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

Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

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Street Address Principal Business O. 281 FRANI Business Phone No. 401 254 Brief Description of the Character o	61/W St 0133		BRISTOL	State RJ	210 02809 6. SIC COM 4812
NAMES AND ADDRESSIVESIDENT Name David Part Treet Address 19 Tilbur	cen y Drive	RS (*x* box for attach)	Vice President Name David Panker Street Address 19 Tilbury	Dr.	ENTS
cretary Name	sian rKer y Dr	07.809	BRISTOL Treasurer Name David Par Street Address 19 Tilburu	State Rel Ker	**************************************
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irector Name			Director Name		
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1,000 COMM \$1.00	Class/Series PAR VALUE	Par Value	Number of Shares NONE	Class/Series	Por Value

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



File Date:	3-13-01
Check No.:	231-8
Ву:	Ze
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 heroin are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

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