



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. 74539		2. Name of Corporation JON BARRETT ASSOCIATES, INC.			
3. Street Address Principal Business Office 555 Thames St			City Newport	State RI	Zip 02840
4. Business Phone No. 401-846-8226		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE CONSULTING AND PROJECT MANAGEMENT FOR THE PURPOSE OF EVALUATING, COORDINATING & MANAGING SHIP & YACHT CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jon M Barrett			Vice President Name NONE		
Street Address 78 Catherine St.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Jon M Barrett			Treasurer Name Jon M Barrett		
Street Address 78 Catherine St			Street Address 78 Catherine St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jon M Barrett			Director Name		
Street Address 78 Catherine St			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100		NO PAR

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



File Date 6/16/05
Check No. 1657
By: DA
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 hereon are true and correct.

Jon M Barrett 2/23/05
Signature of Officer Date
Jon M Barrett
Print or Type Name of Officer
President
Title of Officer



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. 74539		2. Name of Corporation JON BARRETT ASSOCIATES, INC.		
3. Street Address Principal Business Office 555 Thames St.		City Newport	State RI	Zip 02840
4. Business Phone No. 401 846 8226		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE CONSULTING AND PROJECT MANAGEMENT FOR THE PURPOSE OF EVALUATING, COORDINATING & MANAGING SHIP & YACHT CONSTRUCTION				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jon M. Barrett		Vice President Name NONE		
Street Address 78 Catherine St.		Street Address		
City Newport	State RI	Zip 02840	City	State
Secretary Name Jon M. Barrett		Treasurer Name Jon M. Barrett		
Street Address 78 Catherine St.		Street Address 78 Catherine St.		
City Newport	State RI	Zip 02840	City Newport	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Director Name Jon M. Barrett		Director Name		
Street Address 78 Catherine St.		Street Address		
City Newport	State RI	Zip 02840	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 NO PAR VALUE			100	NO PAR

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



* 7 4 5 3 9 *

File Date **FILED**

Check No. **JAN 21 2004**

By: **1233 GMA**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date **1/20/04**

Print or Type Name of Officer **Jon M. Barrett**

Title of Officer **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *74539*		2. Name of Corporation JON BARRETT ASSOCIATES, INC.			
3. Street Address Principal Business Office 555 THAMES STREET			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 4018468226		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE CONSULTING AND PROJECT MANAGEMENT FOR THE PURPOSE OF EVALUATING, COORDINATING & MANAGING SHIP & YACHT CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jon M Barrett			Vice President Name NONE		
Street Address 78 Catherine Street			Street Address .		
City Newport	State RI	Zip 02840	City .	State .	Zip .
Secretary Name Jon M Barrett			Treasurer Name Jon M Barrett		
Street Address 78 Catherine Street			Street Address 78 Catherine Street		
City Newport	State RI	Zip 02740	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jon M Barrett			Director Name .		
Street Address 78 Catherine Street			Street Address .		
City Newport	State RI	Zip 02840	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		100		No Par

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



**74539* 1/30/03 1:36:26 PM*

File Date 1-27-03

Check No. 934

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/30/03

Signature of Officer Date

Jon M Barrett

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>24539</u>		2. Name of Corporation <u>Jon Barrett Associates, Inc</u>			
3. Street Address - Principal Business Office <u>555 Thames St.</u>			City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
4. Business Phone No. <u>401-846-8226</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code <u>7386</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Marine Consulting + Project Management</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jon M Barrett</u>			Vice President Name <u>NONE</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>NONE</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>Jon M Barrett</u>			Treasurer Name <u>Jon M Barrett</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>78 Catherine St.</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Jon M Barrett</u>			Director Name <u></u>		
Street Address <u>78 Catherine St.</u>			Street Address <u></u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8000</u>	<u>NO PAR</u>		<u>100</u>	<u>NO PAR</u>	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 SEP 20 9 58 AM '02

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

FILED

File Date SEP 20 2002

Check No. BK 24539 29 K119

By: _____

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.

Jon M Barrett 8/29/02
Signature of Officer Date

Jon M Barrett
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>74539</u>		2. Name of Corporation <u>Jon Barrett Associates, Inc</u>			
3. Street Address, Principal Business Office <u>555 Thames St.</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
4. Business Phone No. <u>401-846-8226</u>		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>7386</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Marine Consulting + Project Management</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jon M Barrett</u>			Vice President Name <u>NONE</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>NONE</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>Jon M Barrett</u>			Treasurer Name <u>Jon M Barrett</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>78 Catherine St.</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Jon M Barrett</u>			Director Name		
Street Address <u>78 Catherine St.</u>			Street Address		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8000</u>	<u>NO PAR</u>		<u>100</u>		<u>NO PAR</u>

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
SEP 20 9 48 AM '02

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

FILED

File Date SEP 20 2002

Check No. BY SA 591419

By: _____

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.

Jon M Barrett 8/29/02

Signature of Officer Date

Jon M Barrett

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED, IN BLACK)

1. Corporation ID No. <u>4539</u>		2. Name of Corporation <u>Jon Barrett Associates, Inc</u>			
3. Street Address Principal Business Office <u>36 Green St.</u>		City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>		
4. Business Phone No. <u>401-846-8226</u>	5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>7286</u>		
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Marine Consulting + Project Management</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jon M. Barrett</u>		Vice President Name <u>NONE</u>			
Street Address <u>78 Catherine St.</u>		Street Address <u>NONE</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u></u> State <u></u> Zip <u></u>		
Secretary Name <u>Jon M. Barrett</u>		Treasurer Name <u>Jon M. Barrett</u>			
Street Address <u>78 Catherine St.</u>		Street Address <u>78 Catherine St.</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Jon M. Barrett</u>		Director Name <u></u>			
Street Address <u>78 Catherine St.</u>		Street Address <u></u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u></u> State <u></u> Zip <u></u>		
Director Name <u></u>		Director Name <u></u>			
Street Address <u></u>		Street Address <u></u>			
City <u></u>	State <u></u>	Zip <u></u>	City <u></u> State <u></u> Zip <u></u>		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8000</u>	<u></u>	<u>NO PAR</u>	<u>100</u>	<u></u>	<u>NO PAR</u>

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

FILED

File Date SEP 20 2002

Check No. BY CMA 591419

By: _____

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.

Jon M. Barrett 8/29/02

Signature of Officer Date

Jon M. Barrett

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>74539</u>		2. Name of Corporation <u>Jon Barrett Associates Inc</u>			
3. Street Address Principal Business Office <u>78 Catherine St.</u>			City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
4. Business Phone No. <u>401-846-8226</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code <u>7386</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Marine Consulting & Project Management</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS - ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jon M. Barrett</u>			Vice President Name <u>NONE</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>NONE</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u></u>	State <u></u>	Zip <u></u>
Secretary Name <u>Jon M. Barrett</u>			Treasurer Name <u>Jon M. Barrett</u>		
Street Address <u>78 Catherine St.</u>			Street Address <u>78 Catherine St.</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Jon M. Barrett</u>			Director Name <u></u>		
Street Address <u>78 Catherine St.</u>			Street Address <u></u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8000</u>	<u>NO PAR</u>	<u></u>	<u>100</u>	<u></u>	<u>NO PAR</u>

RECEIVED
 SEP 20 12 29 PM '02
 STATE OF RHODE ISLAND
 CORPORATIONS DIVISION

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

FILED

File Date SEP 20 2002

Check No. By [Signature]

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 8/29/02
Signature of Officer Date

Jon M. Barrett
Print or Type Name of Officer

President
Title of Officer

SEP 20 2002
 STATE OF RHODE ISLAND
 CORPORATIONS DIVISION



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>74539</u>		2. Name of Corporation <u>Jon Barrett Associates, Inc</u>			
3. Street Address Principal Business Office <u>36 Green St.</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
4. Business Phone No.		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>7286</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Marine Consulting and Project Management</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name <u>Jon M Barrett</u>			Vice President Name <u>NONE</u>		
Street Address <u>18 Johns St.</u>			Street Address		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>Jon M Barrett</u>			Treasurer Name <u>John M Barrett</u>		
Street Address <u>18 Johns St.</u>			Street Address <u>18 Johns St.</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
Director Name <u>Jon M Barrett</u>			Director Name		
Street Address <u>18 Johns St.</u>			Street Address		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8000</u>		<u>NO PAR Value</u>	<u>100</u>		<u>NO PAR Value</u>

RECEIVED
 SECRETARY OF STATE
 SEP 20 9 48 AM '02

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

FILED

File Date SEP 20 2002

Check No. By CAM JAH HG

By: _____

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.

Jon M Barrett 8/29/02
Signature of Officer Date

Jon M Barrett
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74539** 2. Name of Corporation **JON BARRETT ASSOCIATES, INC.**
3. Street Address Principal Business Office **36 GREEN ST - P.O. BOX 630** City **NEWPORT** State **RI** Zip **02840**
4. Business Phone No. **401-847-8660** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
MARINE CONSTRUCTION MGMT, CONSULTING

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

President Name JON M. BARRETT	Vice President Name SAME JON M. BARRETT
Street Address 18 JOHN ST - PO BOX 630	Street Address SAME
City NEWPORT State RI Zip 02840	City SAME State RI Zip 02840
Secretary Name JON M. BARRETT	Treasurer Name JON M. BARRETT
Street Address SAME	Street Address SAME
City SAME State RI Zip 02840	City SAME State RI Zip 02840

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

Director Name JON M. BARRETT	Director Name NONE
Street Address 18 JOHN ST - PO BOX 630	Street Address NONE
City NEWPORT State RI Zip 02840	City NONE State RI Zip 02840
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State RI Zip 02840	City NONE State RI Zip 02840

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	NO PAR VALUE		0	NONE	

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



File Date: 1/21/97
Check No.: 1601
By: Jon Barrett

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: Jon Barrett Date: 13 JAN 97
Print or Type Name of Officer: JON M. BARRETT
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 74539		2. NAME OF CORPORATION JON BARRETT ASSOCIATES, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 18 JOHN STREET		CITY Newport	STATE RI
4. BUSINESS PHONE NO. 401 847 8660		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7286

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
MARINE CONSULTANT

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Jon M. BARRETT			VICE PRESIDENT NAME		
STREET ADDRESS SAME			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Jon M. BARRETT			DIRECTOR NAME		
STREET ADDRESS SAME			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	NO PAR VALUE		100		Ø

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/4/96
Check No: 1480
By: CP

Jon Barrett
Signature of Officer
JON M. BARRETT
Print or Type Name of Officer
PRESIDENT
Title of Officer

29 FEB 1996
Date

For Secretary of State Use Only



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040 *ck.1375*

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

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

Corporate ID: 0074539 Annual Report for the year: 1995

Name of Corporation: JON BARRETT ASSOCIATES, INC.

Business entity organized under the laws of the State of: R.I.
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
18 JOHN STREET
NEWPORT RI 02840
Phone: (401) 847 8660

Brief statement of the character of business conducted in Rhode Island:
MARINE CONSULTING AND PROJECT
MANAGEMENT FOR THE PURPOSE OF
EVALUATING, COORDINATING AND MANAGING
SHIP, YACHT CONSTRUCTION, REPAIR AND
OPERATION.

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>JON M. BARRETT</u>	<u>18 JOHN ST.</u>	<u>NEWPORT RI</u>	<u>02840</u>
VICE PRESIDENT	"	"	"
SECRETARY <u>JON M. BARRETT</u>	"	"	"
TREASURER <u>JON M. BARRETT</u>	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JON M. BARRETT</u>	"	"	"
NAME	"	"	"
NAME	"	"	"

NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares <u>8000</u> Class / Series	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares <u>100</u> Class / Series
<u>NO PAR VALUE</u>	<u>NO PAR VALUE</u>

Date DEC 27 1994
By: JON M. BARRETT
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

JON BARRETT
18 JOHN STREET
NEWPORT RI 02840

FILED

JUN 03 1995

By: _____

PLEASE TYPE or PRINT

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

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

1994

0074539

Annual Report for the year:

JON BARRETT ASSOCIATES, INC.

ing Fee \$50.00
able to:
cretary of State

orporate ID:

ame of Business Entity:

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
18 JOHN ST
NEWPORT, RI
02840
Phone: (401) 847 8660

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
Jon M. Barrett
P.O. Box 396
Newport, RI
02840

Brief statement of the character of business conducted in Rhode Island:
MARINE CONSULTING / PROJECT
MANAGEMENT
Date of Organization: 11/05/93
Date of Qualification to do business in Rhode Island (if foreign entity):
11/05/93

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Jon M. Barrett</u>	<u>18 JOHN ST</u>	<u>Newport RI</u>	<u>02840</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Same</u>			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Same</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jon M. Barrett</u>	<u>18 JOHN ST</u>	<u>Newport, RI</u>	<u>02840</u>

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER <u>8,000</u>	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER <u>100</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR NO PAR VALUE	PAR VALUE OR WITHOUT PAR NO PAR VALUE

By: [Signature]