

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

CORRODATION ANNUAL REPORT FOR THE VEAR 2005

Filing Period: January	y 1 - March 1 •	NNUAL REPOR Filing Fee: \$50.00	RT FOR THE YE	AR 2005	
1. Corporate ID No. 76447	2. Name of Corp	oration ve Shop, Inc.			
3. Street Address Principal Bit	<u> </u>)	5mith fie	State R. J.	02917
4. Business Phone No		5. State of Incorporation RHODE ISLAN	ס	194. 1 11. 4	6. SIC Code 8888
TO OPERATE A D	nmeter of Business Conduc DIVE SHOP; ALL PHAS	ied in Khode Island SES OF THE AQUATIC INDI	JSTRY.		
I. NAMES AND ADDR President Name	ESSES OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) [] FILL I	N SPACES BEFORE USING	ATTACHMENTS
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375 Put	man Flue	<u> </u>	Sirect Address 375 Pc	itman Ave	
Smithfiel	id state RI	102917	Smithfil	ed State	02917
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Street Address Same	as also	Ne	Sirvet Address	ar above	
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City	State	Zip	City	State	Zψ
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This report mu	ust be signed in ink b	y either the President, Vico	President, Secretary, Assis	stant Secretary, Treasurer, R	ecciver or Trustee
				perjury, I declare and affirm that tymp in ying schedules and stater	
File Date				the true alto correct.	3-11-05
Check No.	FILED		Signature of Office	~ ^	Date
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	BYTATE USE ONLY	_	Pres	sident	



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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 \ (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2 Name of Corporation 76447 Kalipso Dive Shop, Inc. 3 Street Address Principal Business Office State 02917 6. SIC Code 5. State of Incorporation 8888 RHODE ISLAND 7. Brief Description of the Chamcter of Business Conducted in Rhode Island
TO OPERATE A DIVE SHOP; ALL PHASES OF THE AQUATIC INDUSTRY. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Street Address Street Addre Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Z.Ip Street Address Street Address State Zφ City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class/Series Class/Series Par Value Number of Shares **500 NO PAR VALUE** 500 ommon 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 tained herein are trug and compet. File Date Michael Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __ 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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76447 3. Street Address Principal Busine.					
Street Address Principal Busine,	Kalipso Div	B Shop, Inc.			
_	ss Office	••	City	State	ZIp
375 Putnam	Ave	5. State of Incorporation	Smith field	R.I.	02917 6. SIC Code
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Michael P. Oc	teau		Michael P. Oc	teau	
375 Putnam	Avenue	Zip	Same	State	Zip
Smithfield ecretary Name	R.J.	099/7	Treasurer Name		
Michael P. Oc	teau		Michael P. (Octeau	
Same as	above	Zip	Same .	State	Zip
P. NAMES AND ADDRE Director Name Michael P. Oc ircel Address		CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name Street Address	S BEFORE USING ATTA	CHMENTS
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reet Address	State	Zip		State	Zip
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			Street Address		Zip



File Date: _

FOR SECRETARY OF STATE USE O

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

Signature of Officer

Michael P. Octeau

President Title of Officer

€3> 5

Ferni 630 12/02

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

Filing Period: January (FORM MUST BE TYPED IN BLA		1 11111g FCC: \$30.00			INSTRUC
1. Carpointe ID No.	2. Name of Corporal	lon · · ·			
76447	Kalipso Dive	Shop, Inc.			
3. Street Address Principal Business			City	State	ZIp
375 PUTNAM	AVENUE	S. State of Incorporation RHODE ISLAND	SMITHFIELD	R.	02917 6. Sic Code 8888
7. Brief Description of the Character	of Business Conducted in				0000
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MICHAEL P. O	CTEAU		MICHAEL P. (OCTEAU	
375 PUTNAM A	VENUE State	Zip	SAME	State	Zip
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*	76447	*			rm that I have examined the characteristics and statements,

ile Date:	3-25-02	
Check No.: _	3527	
By:	dr.	
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2	rein are tr	statements contained he
		of Officer
	······································	of Officer AEL P. OCTEAU

PRESIDENT Title of Officer E. ... 630 12/01 1. Corporate ID No.

76447

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

PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2001
		•					



riling rerioa: january 1-march 1	•	riting Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)			

Kalipso Dive Shop, Inc.

2. Name of Corporation

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375 PUTNAM AVEN	NIUE		SMITHFIE	ELD R I	02917
. Business Phane No.		5. State of Incorporation RHODE ISLAN	1		6.8888°
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resident Name			Vice President Name		
MICHAEL P. OCT	EAU		MICHAEL P. Street Address	OCTEAU	
375 PUTNAM AVE	NUE		SAME		
ity	State	Zip	City	State	Zip
SMITHFIELD	R I	02917	SAME	ı	
ecretory Name	•		Treasurer Name		
MICHAEL P. OCT	EAU		MICHAEL P. Street Address	OCTEAU	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	5-7-01	
Check No.:	3036	
Ву:	Z	
	RY 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 consained begein are true and correct.

3/01/01_ Signature of Officer

MICHAEL P. OCTEAU
Print or Type Name of Officer

PRESIDENT

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

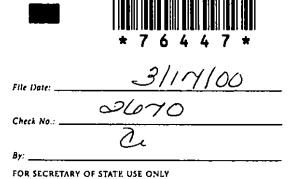
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 . Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)		

		Kalipso Dive	Shop, Inc.			
3. Street Address Principa	l Business Of	Tice .		City	State	Zip
375 Pu	tnam A	Avenue		Smithfield	R.I.	02917
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the	Character of	Business Conducted in Rhod	e Island			
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City 375 Pu	tnam a	avenue State	Zip	same City	State	Zip
Smithf Secretary Name	ield	R.I.,	02917	Same Treasurer Name		
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Director Name				Director Name		
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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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

3/10/00

Signature of Officer

Date

Michael P. Octeau

Print or Type Name of Officer

President





Check No : .

FOR SECRETARY OF STATE USE ONLY

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

Date

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN B		Filing Fee: \$50.00		•	INSTRUCTIO			
1. Corporate ID No.	2. Name of Corpo							
78447 3. Street Address Principal Busine	1	lve Shop, Inc.						
·	• •		City	State	Zip			
375 PUTNAM AVENUE 4. Business Phone No. 5. State of Incorporation				RI	029176. SIC Code			
•		RHODE ISLA			0000			
7. Brief Description of the Charac	ter of Business Conducted	<u></u>						
TO OPERATE A	DIVE SHOP.	ALL PHASES OF	THE AQUATIC IND	USTRY.				
			CHMENT) FILL IN SPACES		HMENTS			
President Name			Vice President Name	_ 				
MICHAEL P. O	CTEAU		MICHAEL P.	OCTEAU				
Street Address			Street Address					
375 PUTNAM A			SAME					
· _	State	Zip 0.201.2	City	State	Zip			
SMITHFIELD Secretary Name	RI	02917	: SAME .		1			
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MICHAEL_PO	CTEAU		Street Address	L_POCTEAU				
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Street Address		· ····································	Street Address					
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File Date:	<u> </u>	 (1 - Lahall - Lange	() 7	1/27/99 :			

Title of Officer

MICHAEL P. OCTEAU



James R. Langevin, Secretary of State Corporations Division 100 North Main Sifeet, Providence, RI 02903-1335

State

PROFIT COR	PORATION ANNUAL R ry 1-March 1 • Filing Fee: \$50.0	REPORT FOR	гне year <u>199</u>	18
(FORM MUST BE TYPED IN E	BLACK)			
1. Corporate ID No.	2. Name of Corporation	•		
76447	Kalipso Dive Shop, Inc.			
3. Street Address Principal Busin		CIN	State	-

City

375 PUTNAM AVENUE SMITHFIELD 02917 RI 5. State of Incorporation 6. SIC Code RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A DIVE SHOP. ALL PHASES OF THE AQUATIC INDUSTRY. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name MICHAEL P. OCTEAU MICHAEL P. OCTEAU Street Address Street Address 375 PUTNAM AVENUE SAME City State City ZIp SMITHFIELD RI 02917 SAME Secretary Name Treasurer Name MICHAEL P. OCTEAU MICHAEL P. OCTEAU Street Address Street Address SAME AS ABOVE SAME City State City State · Zip SAME SAME 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name MICHAEL P. OCTEAU Street Address Street Address SAME AS ABOVE . City 210 City Zip SAME Director Name Director Name Street Address Street Address

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

State

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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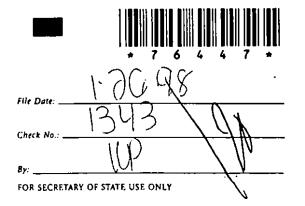
Number of Shares

500

COMMON

NO PAR

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



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

1/20/98

Signature of Officer

Date

OCTEAU MICHAEL P.

Print or Type Name of Officer

PRESIDENT



File Date: .

Check No.:

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State

Corporations Division
100 North Main Street, Providence, Ri 02903-1335
401-277-3040

3/1/97

Date

MICHAEL P. OCTEAU
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT	CORPORAT	TION ANNUAL	REPORT	1997

Filling Period: January	1-March 1 • F	iling Fee: \$50.00	1	•	INSTRUCTIONS BITORICA
FORM MUST BE TYPED IN BLAC	CK)		; 		COMPLLING THIS FORM
•	2. Name of Corporation				
76447 3. Street Address Principal Business	Kalipso Dive	Shop, Inc.	The state of the s		• • • • • • • • • • • • • • • • • • •
1. Street Address Principal Business (== 375	Office ENUS TO THE STREET		City	D State RI	
3 / 5 PUTNAM_AV! 1. Business Phone No.	ENUE	. S. State of Incorporation	SMITHFIELD	U	029 1 1 6. SIC Code
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Brief Description of the Character	of Business Conducted in R	hode Island	·	·	
TO OPERATE A	DIVE SHOP.	ALL PHASES OF	THE AQUATIC	INDUSTRY.	
B. NAMES AND ADDRESS	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name		
MICHAEL P OCT	EAU		MICHAEL P	. OCTEAU	
Street Address			Street Address		•
% 375 PUTNAM A	AVENUE		SAME		
•		02917	SAME	State	Zip
SMITHFIELD Secretary Name		02317	: DAME : Treasurer Name	l	
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_ MICHAEL _P OC'			Street Address	OCTEAU	
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SAME			SAME		
9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC			
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Street Address			Street Address		
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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

	This rep President, Vice President,
File Date:	4/16/96
Check No:	0736
By: For Sec	0734 CCLL

		PLEASE TYPE OR PR	INT IN BLACK INK.			
1. CORPORATE ID NO.	2. NAME OF CORPORATION					
76447	_1	so Dive Shop, Inc	•			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFI	Œ		ary	STATE	ZIP COOE	
375 PUTNAM AVENU	JE .		SMITHFIELD	R. I.	02917	
4. BUSINESS PHONE NO.		S. STATE OF INCORPORATION		6. SEC COOE		
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7. BRIEF DESCRIPTION OF THE CHARACTER OF B	USINESS CONDUCTED IN RHOOE IS	SUMIO DI LA CELLA COR C	THE ACUADIC IN	IDIICTDV	<u> </u>	
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	8 . N A I	MES AND ADDRE	SSES OF THE O	FFICERS		
PRESIDENT NAME	a war in the second of		VICE PRESIDENT HAVE		-	
MICHAEL_P.OCTE	AU		MICHAEL P. C	CTEAU		
			STREET ADDRESS	· ·		
<u> 3.75 PUTNAM AV</u>	ENUE) STATE	ZP CODE	SAME	STATE	1 ZP COOE	
SMITHFIELD	R.I.	02917	SAME			
SECRETARY NAME		 	TREASURER NAME			
MICHAEL P. OCTE	AU		MICHAEL P. OCTEAU			
STREET ADDRESS SAME			SAME			
ON DATE	T STATE	ZIP CODE	any	129 CODE		
SAME			SAME	STATE		
	9 . N A	MES AND ADDRE	SSES OF THE D	IRECTORS		
DIRECTOR NAME MICHAEL P. OCTE			DIRECTOR NAME			
STREET ADDRESS			STREET ADORESS			
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This report must be **SIGNED IN INK** by either the resident, 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 hereinfare true and correct.

Signature of Officer

MICHAEL P. OCTEAU

Print or Type Name of Officer

PRESIDENT 2/1/96

Title of Officer

Date

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

SMITHFIELD RI 02917

ANNUAL REPORT

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SEC'Y OF STATE

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

Corporate ID:	0075447			Anr	iual Repor	rt for the year:	.995		
Name of Corporati	Kalipso	Dive	Shop,			,			
Business entity organi For foreign entity, add	ized under the laws of the State dress and telephone number of p	orincipal offic	:e:		[X] Busii	Entity is (check one): ness Corporation (See RIGI essional Service Corporatio)
Phone: ()					Brief state	ment of the character of but	siness condi	icted in Rhode	Island:
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PRESIDENT			STREE	T ADDRESS	, i i c i c	CITY/STATE	-		ZIP CODE
MICHAEL P		<u> </u>	STREE	TADDRESS		SMITHFIELD,	R.I.	02917	ZIP CODE
SECRETARY	SAME		AS STREET	T ADDRESS	BOVE	CITY/STATE			ZIP CODE
TREASURER	SAME		AS STREE	f address	ABOVE	CHY/STATE			ZIP CODE
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NAME		THE NA	MES OF	THE D	<u>IRECTO</u>	RS ARE:			ZIP CODE
MICHAEL P	OCTEAU	<u>% 375 :</u>		AVEN FADDRESS	IUE	SMITHFIELD,	R.I.	02917	ZIP CODE
NAME			STREÆ	T ADDRESS		CITY/STATE		•	ZIP CODE
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	DEGLOSIA			OF OFFICER					
PLEASE NOTE: If the	DESIGNAT ne registered office and/or regis	ED REGIS	STERED /	AGENT	FOR SE	RVICE OF PROCESS:	<u> </u>		<u>. </u>
	ie registered office and/of regi	stered agent	indicated be	now is in	correct, Foi	rm 9 must be filed.			٠
=	MICHAEL P. OCTE 575 PUTNAM AVENU 5MITHEIFUD	JE.	217			MAR 3	A D. 3 0 1995	?13	