



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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 76447		2. Name of Corporation Kalipso Dive Shop, Inc.		
3. Street Address Principal Business Office 375 Putnam Ave		City Smithfield	State R.I.	Zip 02917
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael P. O'Keefe		Vice President Name Michael P. O'Keefe		
Street Address 375 Putnam Ave		Street Address 375 Putnam Ave		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
Secretary Name Michael P. O'Keefe		Treasurer Name Same as above		
Street Address Same as above		Street Address Same as above		
City Same as above	State Same as above	Zip Same as above	City Same as above	State Same as above
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael P. O'Keefe		Director Name		
Street Address Same as above		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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
500 NO PAR VALUE			500	Common
				No Par

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



File Date	FILED
Check No.	MAR 1 2005
By	Matthew A. Brown
FOR SECRETARY BY 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

Michael P. O'Keefe
Print or Type Name of Officer

President
Title of Officer

Date

3-11-05



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. 76447		2. Name of Corporation Kalipso Dive Shop, Inc.			
3. Street Address Principal Business Office 375 Putnam Avenue		City Smithfield	State RI	Zip 02917	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael P. Ocoteau			Vice President Name Michael P. Ocoteau		
Street Address 375 Putnam Avenue			Street Address 375 Putnam Ave		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michael P. Ocoteau			Treasurer Name Michael P. Ocoteau		
Street Address Same as above			Street Address Same as above		
City Same	State	Zip	City Same	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael P. Ocoteau			Director Name		
Street Address Same as above			Street Address		
City Same	State	Zip	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
500 NO PAR VALUE			500	Common	No Par

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



* 7 6 4 4 7 *

File Date **3/3/04**
Check No. **1048**
By: **18**

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

Date

Michael P. Ocoteau

Print or Type Name of Officer

President
Title of Officer



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

(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

375 Putnam Ave

City

Smithfield

State

R.I.

Zip

02917

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael P. Oceau

Street Address

375 Putnam Avenue

City

Smithfield

State

R.I.

Zip

02917

Vice President Name

Michael P. Oceau

Street Address

Same

City

State

Zip

Secretary Name

Michael P. Oceau

Street Address

Same as above

City

State

Zip

Treasurer Name

Michael P. Oceau

Street Address

Same

City

State

Zip

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

Director Name

Michael P. Oceau

Street Address

Same as above

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No Par

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



* 7 6 4 4 7 *

File Date: **FILED**

Check No.: **FEB 27 2003**

By: **By 3936015**

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.

Michael P. Oceau

Signature of Officer

2-25-03

Date

Michael P. Oceau

Print or Type Name of Officer

President

Title of Officer

5



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76447 2. Name of Corporation Kalipso Dive Shop, Inc.

3. Street Address Principal Business Office 375 PUTNAM AVENUE City SMITHFIELD State R.I. Zip 02917
4. Business Phone 76447 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
MICHAEL P. OCTEAU	MICHAEL P. OCTEAU
Street Address	Street Address
375 PUTNAM AVENUE	SAME
City	City
SMITHFIELD	SAME
State	State
R.I.	R.I.
Zip	Zip
02917	02917
Secretary Name	Treasurer Name
MICHAEL P. OCTEAU	MICHAEL P. OCTEAU
Street Address	Street Address
SAME	SAME
City	City
SAME	SAME
State	State
SAME	SAME
Zip	Zip

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

Director Name	Director Name
MICHAEL P, OCTEAU	
Street Address	Street Address
SAME AS ABOVE	
City	City
SAME AS ABOVE	
State	State
SAME AS ABOVE	
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 COMMON NO PAR

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



* 7 6 4 4 7 *

File Date: 3-25-02
Check No.: 3527

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] 3/08/02
Signature of Officer Date

MICHAEL P. OCTEAU
Print or Type Name of Officer

PRESIDENT
Title of Officer

5

Form K20 12/01



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76447** 2. Name of Corporation **Kalipso Dive Shop, Inc.**

3. Street Address Principal Business Office **375 PUTNAM AVENUE** City **SMITHFIELD** State **R I** Zip **02917**
4. Business Phone No. S. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A DIVE SHOP. ALL PHASES OF THE ECONOMIC INDUSTRY.

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

President Name

MICHAEL P. OCTEAU

Street Address

375 PUTNAM AVENUE

City **SMITHFIELD** State **R I** Zip **02917**

Secretary Name

MICHAEL P. OCTEAU

Street Address

SAME

City **SAME** State **SAME** Zip **SAME**

Vice President Name

MICHAEL P. OCTEAU

Street Address

SAME

City **SAME** State **SAME** Zip **SAME**

Treasurer Name

MICHAEL P. OCTEAU

Street Address

SAME

City **SMAE** State **SAME** Zip **SAME**

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

Director Name

MICHAEL P. OCTEAU

Street Address

SAME AS ABOVE

City **SAME AS ABOVE** State **SAME AS ABOVE** Zip **SAME AS ABOVE**

Director Name

Director Name

Street Address

City **SAME AS ABOVE** State **SAME AS ABOVE** Zip **SAME AS ABOVE**

Director Name

Street Address

City **SAME AS ABOVE** State **SAME AS ABOVE** Zip **SAME AS ABOVE**

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

AUTHORIZED SHARES

Number of Shares **500 SHS NO PAR VALUE** Class/Series **NO PAR VALUE** Par Value **NO PAR VALUE**

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

ISSUED SHARES

Number of Shares **500** Class/Series **COMMON** Par Value **NO PAR**

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



* 7 6 4 4 7 *

File Date: 5-7-01

Check No.: 3036

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] Date 3/01/01

MICHAEL P. OCTEAU
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76447** 2. Name of Corporation **Kalipso Dive Shop, Inc.**
3. Street Address Principal Business Office City State Zip
375 Putnam Avenue **Smithfield** **R.I.** **02917**
4. Business Phone No. 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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Michael P. Octeau	Michael P. Octeau
Street Address	Street Address
375 Putnam avenue	same
City State Zip	City State Zip
Smithfield R.I., 02917	same
Secretary Name	Treasurer Name
Michael P. Octeau	Michael P. Octeau
Street Address	Street Address
same as above	same as above
City State Zip	City State Zip
same as above	same as above

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

Director Name	Director Name
Michael P. Octeau	
Street Address	Street Address
same as above	
City State Zip	City State Zip
same as above	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 common no par

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



* 7 6 4 4 7 *

File Date: 3/17/00
Check No.: 2670
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] 3/10/00
Signature of Officer Date
Michael P. Octeau
Print or Type Name of Officer
President
Title of Officer



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

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

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. 78447		2. Name of Corporation Kalipso Dive Shop, Inc.			
3. Street Address Principal Business Office 375 PUTNAM AVENUE			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0000
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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL P. OCTEAU			Vice President Name MICHAEL P. OCTEAU		
Street Address 375 PUTNAM AVENUE			Street Address SAME		
City SMITHFIELD	State RI	Zip 02917	City SAME	State SAME	Zip SAME
Secretary Name MICHAEL P. OCTEAU			Treasurer Name MICHAEL P. OCTEAU		
Street Address SAME AS ABOVE			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL P. OCTEAU			Director Name SAME AS ABOVE		
Street Address SAME AS ABOVE			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
Director Name SAME AS ABOVE			Director Name SAME		
Street Address SAME AS ABOVE			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" 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
500 SHS NO PAR VALUE			500	COMMON	NO PAR

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



* 7 6 4 4 7 *

File Date: **Feb 2, 99**

Check No.: **243**

By: **JD**

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: **1/27/99**

MICHAEL P. OCTEAU

Print or Type Name of Officer
PRESIDENT

Title of Officer



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

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



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.

2. Name of Corporation

76447

Kalipso Dive Shop, Inc.

3. Street Address Principal Business Office

City

State

Zip

375 PUTNAM AVENUE

SMITHFIELD

RI

02917

4. Business Phone No.

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

Zip

City

State

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

Zip

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

State

Zip

City

State

Zip

SAME

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

500 SHS NO PAR VALUE

500

COMMON

NO PAR

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



File Date:

Check No.:

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 of Officer

Date

MICHAEL P. OCTEAU

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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. 76447		2. Name of Corporation Kalipso Dive Shop, Inc.	
3. Street Address Principal Business Office 375 PUTNAM AVENUE		City SMITHFIELD	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 02917	
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) <input checked="" type="checkbox"/>			
President Name MICHAEL P. OCTEAU		Vice President Name MICHAEL P. OCTEAU	
Street Address 375 PUTNAM AVENUE		Street Address SAME	
City SMITHFIELD	State RI	City SAME	State SAME
Zip 02917		Zip SAME	
Secretary Name MICHAEL P. OCTEAU		Treasurer Name MICHAEL P. OCTEAU	
Street Address SAME AS ABOVE		Street Address SAME	
City SAME	State SAME	City SAME	State SAME
Zip SAME		Zip SAME	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name MICHAEL P. OCTEAU		Director Name	
Street Address SAME AS ABOVE		Street Address	
City SAME	State SAME	City	State
Zip SAME		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
500 SHS NO PAR VALUE		500	COMMON
			NO PAR

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



File Date: **3.20.97**
Check No.: **1327**
By: **ICP**
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: **3/1/97**
Print or Type Name of Officer: **MICHAEL P. OCTEAU**
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. 76447		2. NAME OF CORPORATION Kalipso Dive Shop, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 375 PUTNAM AVENUE		CITY SMITHFIELD	STATE R. I.
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02917
6. SIC CODE 8888			

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					
PRESIDENT NAME MICHAEL P. OCTEAU			VICE PRESIDENT NAME MICHAEL P. OCTEAU		
STREET ADDRESS 375 PUTNAM AVENUE			STREET ADDRESS SAME		
CITY SMITHFIELD	STATE R.I.	ZIP CODE 02917	CITY SAME	STATE	ZIP CODE
SECRETARY NAME MICHAEL P. OCTEAU			TREASURER NAME MICHAEL P. OCTEAU		
STREET ADDRESS SAME			STREET ADDRESS SAME		
CITY SAME	STATE	ZIP CODE	CITY SAME	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME MICHAEL P. OCTEAU			DIRECTOR NAME		
STREET ADDRESS SAME AS ABOVE			STREET ADDRESS		
CITY SAME AS ABOVE	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
500 SHS NO PAR VALUE	COMMON		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 that all statements contained herein are true and correct.

File Date:

4/16/96

Check No:

0736

By:

cc / ip

For Secretary of State Use Only

Signature of Officer

MICHAEL P. OCTEAU

Print or Type Name of Officer

PRESIDENT
Title of Officer

2/1/96

Date

ANNUAL REPORT

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: 0075447 Annual Report for the year: 1995

Name of Corporation: Kalipso Dive Shop, 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):

375 PUTNAM AVENUE
SMITHFIELD, R.I. 02917

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
TO OPERATE A DIVE SHOP. ALL PHASES
OF THE AQUATIC INDUSTRY.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

MICHAEL P. OCTEAU & 375 PUTNAM AVENUE, SMITHFIELD, R.I. 02917

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SAME AS ABOVE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

SAME AS ABOVE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

SAME AS ABOVE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

MICHAEL P. OCTEAU & 375 PUTNAM AVENUE SMITHFIELD, R.I. 02917

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

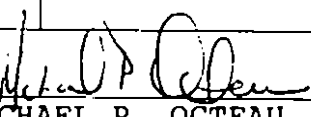
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
500	COMMON NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
500	COMMON NO PAR

Date 3/10/ , 1995

By: 
MICHAEL P. OCTEAU

PRESIDENT OFFICER SIGNING

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.

MICHAEL P. OCTEAU
375 PUTNAM AVENUE
SMITHFIELD RI 02917

PAID
MAR 30 1995
SECY OF STATE