

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divis 100 North Main St Providence, RI 02903-1, 401.222.3

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRI	INTED IN BLACK)	ing Pec. \$50.00				
1. Corporate ID No.	2. Name of Corporal	lon			<u></u>	
<u>57858</u>	EASTERN YA	CHT SALES OF RHODE	EISLAND INC			
3. Street Address Principal Business	: Office		City	State	Zip	
39 ALEXAND	EL RO		PORTIMONIH	RI	02871	
4. Business Phone No.		5. State of Incorporation	1 3 3 3 4 5 7 7 7		6 SIC Code	
683-2200		DELAWARE			4812	
7. Brief Description of the Character BOAT DEALERSHIP	r of Business Conducted i	in Rhode Island		<u> </u>	1 4012	
8. NAMES AND ADDRESSE. President Name PATA; CM			TACHMENT) FILL IN S	PACES BEFORE USIN	G ATTACHMENTS	
Sireci Address 103 BR	: 44 87		Street Address			
City	State	Zip				
REHOBOTH	MA	02769	City	State	Zip	
Six relary Name		1. 02/6/	Treasurer Name			
<u> </u>			Treasurer Name			
Street Address	_		Street Address			
City	Torate	<u> </u>				
*	State	Z.ip	City	State	Zip	
9. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: (*X" BOX FOR A	: TTACHMENT) □ FILLIN	SPACES BEFORE USI	NC ATTA CHIMENTO	
Director Name			Director Name	STACES BEFORE US	NG ATTACHMENTS	
JON ROT.	ENBERG					
Succi Address 476 HC City CIASSTANI HILL	2-r14 Gr		Street Address			
Gity	State	Zip	City		· · · · · · · · · · · · · · · · · · ·	
CAKSTAUT HILL	MA	02/67	City	State	Zιρ	
Director Name	i		Director Name	l		
			Director Name			
Street Address			Sircet Address			
			onter result (a)			
City	State	Zip	City	State	Zip	
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10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	 K" BOX FOR ATTACH	 IMENT) □	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
3,000 COMM \$.01 PAR VAL	<u>-</u>				-	
J,000 COMM \$.01 PAR VAL	<u> </u>		100	Garan	, 01	
						
						
This report must be s	igned in ink by cit!	her the President, Vice 1	President, Secretary, Assistant	Secretary, Treasurer.	Receiver or Trustee	
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		ið jí ið jí				
			Under penalty of perior	ov I declare and affect to	nat I have examined this report	
	<u>*57858</u>	•	including any accompa	nying schedules and mat	ements, and that all statemen	
1- 1-	2 ~~		conjuined berein are to	e and correct	/ /	
File Date			14	~ * / -		
7031			Sgnature of Officer Date			
Check No.	/					
By:	7.		PATRICK A. TUNKS			
DJ				yicer		
FOR SECRETARY OF STA	TE USE ONLY		PRES: OENT			
				Title of Officer		



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

Matthew A. Brown, Secretary of State

Corporations Divisi 100 North Main Str Providence, RI 02903-13 401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______2004

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	`	g Fee: \$50.00			
1. Corporate ID No. 57858	2. Name of Corporation FASTERN YACH	T SALES OF RHODE IS	LAND INC	<u> </u>	
3. Street Address Principal Business C	fice	· OALLO OF HITODE TO	City	State	Zip
39 ALCKANDE 4. Business Phone No. 683-220		5. State of Incorporation DELAWARE	Portsmouth	RI	6. SIC Code 4812
7. Brief Description of the Character of BOAT DEALERSHIP	of Business Conducted in I				
8. NAMES AND ADDRESSES President Name	• •	•	CHMENT) FILL IN S Vice President Name	PACES BEFORE USING A	TTACHMENTS
Sirect Address 476 Ha-	11 ST.		Street Address		
City City City Secretary Name	State /19	2ip 02/67	City Treasurer Name	State	Zip
Jon Lote	weers		Treasurer name		
Street Address	WALLA 1714 ST.		Street Address		
CHECANUT 1-1: LL	MA	02/67	City	State	Zip
9. NAMES AND ADDRESSES	OF THE DIRECTOR		TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address	01608666	-	Street Address		
CITY HEATH	S7.	7/0	City	State	Zip
Street Address 476 / HEATH City City Director Name	MA	02/67	Director Name		
Street Address			Street Address		
City	State	Z(p	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X BOX FOR ATTACHME	_ ĒNJ) []
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM \$.01 PAR VALU	JĒ		/00	Common	, 01
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I nis report must be	signed in ink by eith	ier the President, vice P	President, Secretary, Assistar	it Secretary, Treasurer, Re	ceiver of Trusiee
				ury, I declare and affirm that	
File Date	4 5 8 *		contained herein are	partying schedules and statem nut and confect.	1/12/00
Check No.)		Signature of Officer Som Print or Type Name of	<u>C30010</u>	Date 54
By:FOR SECRETARY OF ST	TATE USE ONLY		Dresse	- And	<u></u>
. 5 55			Title of Officer	- ,	Form 630 Rev. 12/03

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-13:

401-222-304

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



1. Corporate ID No.	2. Name of Corporat	ion			
57358	EASTERN YA	ACHT SALES OF RHODE IS	SLAND, INC.		
3. Street Address Principa			CIE	State	Zip
4. Business Phone No.	example Re		PORTSMOUTH	RI	0287 6. SIC Code
7. Brief Description of the	of 3 - 220 & Character of Business Conducted In				4812
BOA- 8. NAMES AND A President Name	DALL SHIP DDRESSES OF THE OFFI	CERS (*X* BOX FOR ATTACH	IMENT) FILL IN SPACES BEF Vice President Name	FORE USING ATTACHM	IENTS
Jon Street Address	N ROTWARIO	`-	Street Address		
City 476 F	KATH ST.	Zip	City	State	Zip
Secretary Name	7/160 / //4	०२(७	Treasurer Name		
Jon Street Address	ROTENBLAG		Street Address		
476	HEATH ST. Him MA	Zip	City	State	Zip
9. NAMES AND A	DDRESSES OF THE DIRE		CHMENT) FILL IN SPACES B	EFORE USING ATTACE	HMENTS
Jo ~	ROTENBERG		Street Address		
Clly Y76	HEATH ST.	Zip	City	State	Zip
CIKS 12 ut Director Name	ROTWOERL HEATH ST. Him MA	02/67	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTH	IORIZED ("X" BOX FOR ATTA		11. SHARES ISSUED ("x" I	30X FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM \$.01	PAR VALUE		100	GMMON	. 0

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

* 5 7 8 5 8 *	Under penalty of perlury, i declare and affirm that I have examined this report, including any accompanying schedules and statements, a
File Date: 3-71-03 Check No.: 5477	that all statements coptained herein are true and correct. 2/3//12. Signature of Officer- Date
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
	Title of Officer 5 Form 630 1210

Corporations Divisio. 100 North Main Street, Providence, RI 02903-133.

401-222-304

PROFIT C	ORPORAT	ION Al	NNUAL RE	PORT FOR THE	YEAR	_2002	STO PLEASE INSTRUC
FORM MUST BE TYP.	ED IN BLACK)						
. Corporate ID No.	2. Name o	of Corporation	· •				
57858	EAS	TERN YACH	SALES OF RHODE	ISLAND, INC.			
. Street Address Princip	al Business Office			City	State		Zip
. Business Phone No.	ALEXANDER	No.	S. State of Incorporation	PORTSMOUTH		RI	6. SIC Code
68 3 Brief Description of th	3 - 220 □ ne Character of Business Co	onduct ed in Rhos	DELAWARE Ic Island				4812
BOM	PRALEIS	74:10					
				HMENT) FILL IN SPACES BE ' Vice President Name	FORE USIN	ig attachmi	ENTS
Jon	ROTENBERC	ĵ-					
treet Address				- Street Address			
476 iry	HCATH ST.		Zip	City	State		21p
CHLS 12041	Hice M	A	2ip 02/67 2ip 02/67				
Jon	ROTWAR	rc					
476	HCATH ST	.		Street Address			
ity	State		Zip	City	State		ZIp
CIACSTAND A	HI'LL ADDRESSES OF TH	MA IF DIRECTO	ロス/6つ ORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES	RFFARF H	SINC ATTACH	MENTS
irector Name				Director Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Tan	ROTUSO	16		Street Address			
476	HEATIN Hice MA	51.	Zip	City	State		Zip
	11, 440		*	,	Sint		
irector Name	Hice MA	1	۳. ر۱۲: ۵	Director Name	•		•
rcet Address				Street Address			
ity	State		Zip	City	State		Zip
O. SHARES AUTI	HORIZED ("x" sox	FOR ATTACHM	ENT)	: 11. SHARES ISSUED (*x*	ROX FOR AT	TACHMENT)	

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

ISSUTE) SHARES

Number of Shares

100

Title of Officer ز نجه

	* 5 7 8 5 8 *
File Date:	1-17-02
Check No.:	3897
By:	OF STATE USE ONLY

Class/Series

Par Value

AUTHORIZED SHARES

3,000 COMM \$.01 PAR VALUE

Number of Shares

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.

Class/Series

Par Value

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	Solut	1/16/02
Signature of Officer	c 2-11+	Date
Print or Type Name of O	(ficer	
1/6		

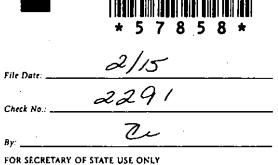
Ferm 630 12/01

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

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					401-222-30

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PROFIT CO	RPORATION A	NNUAL REP ling Fee: \$50.00	ORT FOR THE	YEAR 2001	STOP PILASE READ INSTRUCTIONS
(FORM MUST BE TYPED I	N BLACK)	•			
1. Corporate ID No. 57858	2. Name of Corporation EASTERN YAC	CHT SALES OF RH	ODE ISLAND, INC.		,—
3. Street Address Principal Bu	siness Office		City	State	Zip
4. Business Phone No.	-1200	5. State of Incorporation DELAWARE	PONTS MOUTH	RI	6. SIC Code 4812
	aracter of Business Conducted in Rho	ode Island			•
President Name	PRESSES OF THE OFFICE		MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACHM	ENTS
Jo~ Street Address	ROTENSCIC- HKATH ST. State Mice, MA		Street Address		
City 476	HEATH ST.	Zip	City	State	Zip
Secretary Name		02/67	Treasurer Name		•
Jon Street Address	Rotwons		Street Address		
	1464114 ST.	Zip	City	State	Zip
CHESTOUT HILL 9. NAMES AND ADI Director Name	PRESSES OF THE DIRECT	62/67 ORS (*x* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTACH	IMENTS
Jon Street Address	NOTWENG HATH ST Hire MA		Street Address		
cuy 476	HGTH ST.	Zip	City	State	Zip
CHSINUT Director Name	Him MA	02/67	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zíp
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	· .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
3,000	Common	. 01	/50	Comon	.01
This report must be	signed in ink by either	the President, Vice Pr	resident, Secretary, Assist	tant Secretary, Treasure	r, Receiver or Truste
	* 5 7 8 5 8 *			ury, I declare and affirm th	



• •	, , , ,	dules and statements, ar
that all statements 50	ntained herein are true	and correct.
	5/1/	1/(3/6/
Signature of Officer	AMINI/	Date
Signature of Offices	c 2.000	7
NOMAS_	(,) HERET 1/	
Print of Type Name of Office	cer	
		·
Print or Type Name of Office	<u>(, ,) 130+1/</u>	

Form 630 12/00

Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-30

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

Form 630 12/9

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Carporation 57858 EASTERN YACHT SALES OF RHODE ISLAND, INC. 3. Street Address Principal Business Office ONE LAGON NI 4. Business Phone No. 5. State of Incorporation DELAWARE 683-2200 7. Brief Description of the Character of Business Conducted in Rhode Island Boss PRALOWHIP 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jon ROTWALL Street Address Street Address HEATH ST. State Zip CHSWUT HILL Secretary Name Treasurer Name Street Address City City State Zip CHISTMUT HILL 02/67 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ROTWOULL クッへ Street Address Street Address Zio City State Zip CHISTANI Director Name Street Address Street Address City State Zip City State Zip 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 3,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust-

* 5 7 8 5 8 * FAID	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements companying are true and correct.
File Date:	Signature of Officer Date
STO'Y OF STATE FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Title of Officer

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

401-222-3
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1281BL C 110

A. Business Phone No. Spetaware Ion (83-2203 7. Brief Description of the Character of Business Conducted in Rhode Island B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) "JFILL IN SPACES BEFORE USING ATTACHMENT Vice President Name JON ROTHOGHA Street Address 476 HATH TON ROTHOGHA Street Address TON ROTHOGHA Street Address Street Address Give State City State Street Address	
A. Business Phone No. Spetaware Ion (83-2203 7. Brief Description of the Character of Business Conducted in Rhode Island B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) "JFILL IN SPACES BEFORE USING ATTACHMENT Vice President Name JON ROTHOGHA Street Address 476 HATH TON ROTHOGHA Street Address TON ROTHOGHA Street Address Street Address Give State City State Street Address	<u>}</u>
Speighbore No. Speighbore No.	, 52871
2. Brief Description of the Character of Business Conducted in Rhode Island Bost Description of the Character of Business Conducted in Rhode Island B. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENT President Name Jow Roth Back Street Address 476 HEATH ST. City State Zip City State Zip CHUSTWIT HILL MA 02/67 Street Address 476 HEATH ST. City State Zip CHUSTWIT HILL MA 02/67 Street Address 476 HEATH ST. Director Name Down Roth Back Street Address Street Address 476 HEATH ST. City State Zip CHUSTWIT HILL IN SPACES BEFORE USING ATTACHMENT Director Name Jow Roth Back Street Address 476 HEATH ST. City State Zip City State Street Address Street Address City State Till IN SPACES BEFORE USING ATTACHMENT Director Name Jow Roth Back Street Address City State Zip City State Zip	4812
B. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) JFILL IN SPACES BEFORE USING ATTACHMENT JON ROTHOGICE Street Address 476 HEATH ST. City State 216 CHEST ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Screetary Name JON ROTHOGICE Street Address CITY State 216 CHEST ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name JON ROTHOGICE Street Address Street Address Street Address CITY State 217 CHEST ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name JON ROTHOGICE Street Address Street Address CITY State 217 CHEST ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) STATE ADDRESS STREET ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) STATE ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) JFILL IN SPACES BEFORE USING ATTACHMENT President Name JON ROTWORK City City City State JOH ROTWORK City State JOH CITY State ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI	
President Name JON ROTHBULL Street Address YTH HCATH ST. City State ZIP CITY State JON ROTHBULG Street Address Treasurer Name TON ROTHBULG Street Address Street Address Street Address CITY CITY State ZIP CITY State	Š
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JON ROTWORKS Street Address 476 HEATH ST. State ZIP City State ZIP CHESTAND HILL MA 02/67 P. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name JON ROTWORKS Street Address 476 HEATH ST. Street Address City State Zip CHESTAND HILL MA 02/67	
Street Address 476 HEATH ST. State 21p City State 21 CIACSTANA HILL MA 02/67 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Jon Rothbull G Street Address 476 HEATH ST. City State 2ip City State 2i CIKSTANA HILL MA 02/67	
HILL State ZIP City State ZIP CHKSTANN HILL MA 02/67 Director Name JON ROTHOBLIC State ZIP CHKSTANN HILL MA 02/67 Street Address 476 HCATH ST. City State Zip CHKSTANN HILL MA 02/67	
CHCSTAND HILL MA 02/67 D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Jon Rothbridge Street Address 476 HCATH ST. State Zip City State Zip CHSTAND H.L. MA 02/67	
NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Director Name Street Address 476 HATH ST. State Zip CIKSTAND H.L. MA 02/67	P
Director Name Jon Rotkublic Street Address Street Address Street Address City State Zip City State Zip City Address City MA 02/67	
Ton Rothbelle ticel Address Street Address Street Address Street Address City State Zip City State Zip City State	NIS
Street Address Street Address Street Address City	
CILKSTAND H.LL MA 02/67	
CHISTAND HILL MA 02/67	<u> </u>
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Street Address	- ·
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES SSUED SHARES	
	r Value
3,000 Common 101 100 Common	<u>'01</u>
	
his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Re	ceiver or Tru
* 5 7 8 5 8 * // Under penalty of perjury, I declare and affirm that I i	have examined
this report, including any accompanying schedules at	
that all statements contained herein are true and cor	rect.
File Date:	18/85
Check No.: Signature of Officer Date	
Thomas C. Sassit Junkolens Print or Type Name of Officer	ary a
FOR SECRETARY OF STATE USE ONLY FINE OF TYPE NAME OF OFFICE OF STATE USE ONLY	Q

Title of Officer

...... 1008



PROFIT CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	1998
Filling Period: January 1-March 1 •	Filing Fee: \$50	.00				

	IN BLACK)				
. Corporate ID No. 57858	2. Name of Corporation EASTERN YA		HODE ISLAND, INC.		•
. Business Phone No. 40/- 683 -23	roo Koad	5. State of Incorporation DELAWARE	LORIS MOUTH	State	21p 028^ 6. SIC Code 4812
RETAIL	naracter of Business Conducted in R -SA/E OF S	All + Power	yachts		
Precident Name	DRESSES OF THE OFFICE	EKS ("X" BOX FOR ATTA	ICHMENT) Vice President Name		
JON	Roten Bell		SAMO		
treet Address HAT	7 St		Street Address		
hestour Hill	State	03/67	City	State	Zip
,, , , , , , , , , , , , , , , , ,	Tenber6		Treasurer Name ROTO	nbeez	
treet Address			Street Address	7	
lity	State	Zip	City	State	Zip
). NAMES AND ADI	DRESSES OF THE DIREC	TORS (*X* BOX FOR AT	TACHMENT) Director Name		
	NONE				
treel Address	. •		Street Address		
Sity	State	Zip	Clly	State	Zip
Director Name			Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHO:	RIZED ("X" BOX FOR ATTACH	iment)	11. SHARES ISSUED ((*X* BOX FOR ATTACHMEN	r)
lumber of Shares	Class/Series	Sar Value	Number of Shares	Class/Series	Par Value
3000	Common	0/	100	Common	10,

This report must be signed in ink by either the Preside	ent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 5 7 8 5 8 *	Under penalty of perjury 1 declare and affirm that I have examined
File Date: 9-38-98	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 3/31/98
By: FOR SECRETARY OF STATE USE ONLY	Sighatufe of Afficer Date Sox DOTPOBERCO Print or Try Name of Officer Merch
TOWN DECEMBER OF STATE OF ONE!	Thie of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-133! 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN E	BLACK)				THISTORM
1. Corporate ID No.	2. Name of Corpora				
57858	 	Headquarters of RI	hode Island, Inc.		
3. Street Address Principal Busin	iess Office		City	State	Zip
One Lago	on_Rd	5. State of Incorporatio	Portsmouth	RI	02871
		5. State of Incorporatio	n -		6. SIC Code
$\frac{683-2200}{\text{7. Brief Description of the Chara}}$		DELAWARE	: 		4812
•		n Knoot Island			
Boat Dea 8. NAMES AND ADDR		CERS /exe BOY FOR ATT	ACHMENT) .)	_ ,	
President Name	LISTES OF THE OFF	CERS (A BOX FOR ATT	: Vice President Name		
Jon Rote	nberg				
Street Address			Street Address	 	, .
476_Heat	h St.				
			City	State	Zip
Chestnut H	ill, MA	02167	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Secretary Name			* Treasurer Name		
Jon_Rotenbe	erg	· ·			
			Street Address		
476_Heath_S	St. Tsiate	Zip	Cliv	State	Zip
	ł.	1 '	; - /		-"
Chestnut H. 9. NAMES AND ADDR	ESSES OF THE DIR	CTORS ("X" BOX FOR A	TTACHMENT) '	 	~~~
Director Name			Director Name		·
Jon_Rotenbe	era				
Street Address		·	Street Address		<u> </u>
476_Heath_S	St			·	
·)	· ·	City	State	Zip
Chestnut H	ill!MA	02167			
Director Name			Director Name		
Street Address			Street Address		
Street Address					
City	State	Zip	: City	State	Zip
					1
10. SHARES AUTHORI	ZED AND ISSUED (*X BOX FOR ATTACHMEN	T) ([
AUTHORIZED SHARES			ESSUFED SPLARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	Common	.01	100	Common	.01
L			 		
This report must be si	i gned in ink by eitl	her the President, Vic	ce President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Truste

ANNUAL REPORT

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



James K. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-304

PLEASE TYPE OR PRINT IN BLACK INK.

, CORPORATE IO NO.	2 NAME OF CORPORATION				
7.7757858 TYP	YE The Ya	acht Headquarter	rs of Rhode Island,		
3 STREET ADDRESS PRINCIPAL BUSINESS OF FA			σπ	STATE	ZIP COOE
One Lagoon R	d.	Portsmouth		02871	
BUSINESS PHONE NO.		5. STATE OF INCORPORATION DELAWARE	5		6. SIC CODE
683-2200					4812
. BRIEF DESCRIPTION OF THE CHARACTER OF B		SLAND			
Boat Dealer					
PRESIDENT NAME	8 N A	MES, AND AODR	ESSES OF THE OF	FICERS	and the same of th
Jon Rotenbe	rg		THE PLEASE TO THE		
STREET ADDRESS		·	STREET ADDRESS		
476 Heath S		T THE COLUMN		- Court	T to obe
Chestnut Hill	STATE MA	ziP ασε 02167	ατγ	STATE	Z)P C00€
ECRETARY NAME	•		TREASURER NAME	<u></u>	
Jon Rotenber	rg		ļ		
STREET ADDRESS			STREET ADDRESS		
476 Heath St	T STATE	ZIP CODE	(CITY	I STATE	Z5P C00€
Chestnut Hill	MA.	02167		JIANE .	
			ESSESCOT THEEADOL	RIE, CAT OUR'S PANA	AN ALAMAN CONTRACT
			DIRECTOR NAME		
Jon Rotenbe:	rg		E STREET ADDRESS		
476 Heath S	t.		Since I Address		
DITY	STATE	73P COOE	an	STATE	ZP COOE
Chestnut Hill	MA	02167			
DIRECTOR NAME			DIRECTOR NAME		
STREET ADORESS	 		STREET ADORESS		
aly	STATE	ZIP C000€	arv	STATE	ZIP CODE
,	<u> </u>	<u> </u>			
		HARES AUTHOR	IZED AND ISSUED	المست الأنهاليا	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERES	PAR VALUE
3,000	Common	.01	100	Common	.01
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			<u> </u>		
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,, 	* L:		DAIGD IAI IAIIZ b	_	······································
Presi			GNED IN INK by either the stant Secretary, Treasurer,		ee III
. 155	30.11, 1.00 1.100.0	orn, 000roidi y, rioolo		1//	
			repolit, including/	any accompanying sch	affirm that I have examined nedules and statements, and
	1		all statements co	intained/horein are true	and correct.
3/11	1010				
File Date:	1 10		S/gnature of Office	cer	
File Date: 3/11 Check No: 7	30		Jon Rote		
•	110	_	P Int or Type Nar	ne of Officer	1 /
Ву:	41.4		Presider	nt	3/11/94
For Secretary of St	ate Use Only '	DETACH DOTTO	Title of Officer		' Date
		DETACH BUT IC	OM BEFORE RETURNING		FORM 31 12/95

din g Fee \$50.00 Payable to: Secretary of State

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

Corporate ID:		Annual Repo	rt for the year: 1995		···· ·································
			cht Headquarte		
Business entity organized under the laws of the State of:_ Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal contents.	<u> </u>		Entity is (check one): Business Corporation (Se Professional Service Corp Limited Liability Compar	poration (See RIGI	L Chapter 7-5.1)
Bend Boat Basin l Lagoon Rd.		communi	le and mailing address of co cations may be directed: sh Burgess-Simp	-	
Portsmouth, RI 02871 Phone (401) 683-2200			Macht Headquart	ters of RI	,Inc.
Address and telephone of the principal office of business of Island (Provide street address - Not P.O. Box):	entity in Rhode	<u> </u>	ement of the character of bu		n Rhode Island:
Bend Boat Basin l Lagoon Rd.	<u> </u>	i	<u>Dealership</u>		
Portsmouth, RI 02871	VA -	Date of C	Organization: 1989		
Phone: (401) 683-2200			Qualification to do business i	in Rhode Island (if	foreign entity):
	THE NAMES OF	THE OFFICE	RS ARE:		
Jon Rotenberg CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One)	street/	h St.	Chestnut H	ill,MA	71P CODE 0 2 1 6 7 ZIP CODE
Jon Rotenberg Uchief Financial, officer or Treasurer (Check Occ)	STREET /		Chestnut H	ill,MA	7/P CODE 7/P CODE 7/P CODE
	THE NAMES OF T	HE DIRECTO	DRS ARE:		
Jon Rotenberg	sireer. 476 Heath	ADDRESS	Chestnut H.	ill,MA	02167 ZIP CODE
NAME	STREET	ADDRESS	CHY/STATE		ZP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable	le)	NUMBER (OF SHARES ISSUED AND	OUTSTANDING	(If Applicable)
NUMBER 3,000		NUMBER	100	PALD	٥
CLASS		CLASS		SEP 2 5 195	₹ 35
SERIES Common				ECY OF ST	ATE
WITHOUT PAR .01		WITHOUT			
Date September 21, 19 _95		Ion Rote		M	

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

Seci	ctary	or .)
K.	.loC	6	(
)	

1994 0057858 Corporate ID: . .. ______ Annual Report for the year: _ The Yacht Headquarters of Rhode Island, Inc. Name of Business Entity: ___ Business Entity is (check one): Business entity organized under the laws of the State of: Delaware [X] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpaver Identification Number: [] Professional Service Corporation (See RIGL Chapter 7-5.1) 1 Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom Bend Boat Basin communications may be directed: l Lagoon Rd. Portsmouth, RI 02871 Phone: (401) 683-2200 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island Bend Boat Basin Boat Dealership l Lagoon Rd. 1989 Portsmouth, RI 02871 Date of Organization: _ Date of Qualification to do business in Rhode Island (if foreign entity): Phone: (-401) 683-2200 1989 THE NAMES OF THE OFFICERS ARE: ZIP COD CITY/STATE CHIEF EXECUTIVE OFFICER OR PRESIDENT (Uback One) STRUET ADDRESS 0216 Chestnut Hill, MA 476 Heath St. Jon Rotenberg CITY/STATE CHIES OPERATING OFFICER OR | VICE PRESIDENT ICECC (Oic) STREET ADDRESS CITY/STATE ZIP COD STREET ADDRESS ☐ CUSTODIAN OF RECORDS OR SECRETARY (Check One) 0216 Chestnut Hill, MA 476 Heath St. Jon Rotenberg CITY/STATE STREET ADDRESS CHIEF FINANCIAL OFFICER OR | | TREASURER (Check One) THE NAMES OF THE DIRECTORS ARE: ZIP COI CUTY/STATE STREET ADDRESS NAME 021 Chestnut Hill, MA 476 Heath St. Jon Rotenberg ZIP COU STREET ADDRESS NAME ZIP COL STREET ADDRESS NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 100 NUMBER 3000 **CLASS** CLASS SERIES Common SERIES Common PAR VALUE OR PAR VALUE OR WITHOUT PAR WITHOUT PAR

Mon Rotenberg
PRINT OR TYPE NAME OF OFFICER SIGNING

President

To be filed abness to herwein January Estiana March Est

State of Rigide Island and Froudence Flantations CORPORATIONS DIVISION HOW NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 1129-13

61858

porate ID	en e	Annual Report for th	ne year December 31, 1993
First: The name	of the corporation is THE YAC	CHT HEADQUARTERS OF R.I	Granda and an analysis and an
	orporated under the laws of		
THIRD: Character	of business, briefly stated, is	BOAT DEALERSHIP	
FOURTH: If foreig	n corporation, address of its pri	ncipal office 561 BOYLSTO	ON STREET
	······		02116
FIFTH: Business a	ddress in Rhode Island	ONE LAGOON ROAD	
, ,			02571
Sixth: Names an	d addresses of its directors and		(Attach rider if necessary) number, street 210 code)
JON ROTENBERG	Director	476 HEATH STREET,	CHESTNUT HILL, MA 02167
	Director		
	Director		
JON ROTENBERG	President	476 HEATH STREET, (CHESTNUT HILL, MA 02167
	Vice Preside	nt	
JON ROTENBERG	Secretary	476 HEATH STREET, (CHESTNUT HILL, MA 02167
JON ROTENBERG	Treasure:	476 HEATH STREET,	CHESTNUT HILL, MA 02167
SEVENTH: Numb	er of Shares authorized:	,	Par Value or statement that shares are without
No. of Shares	Ciass	Senes OFC 2	par value
3,000	class A	common of the co	.01
EiGHTH: Number	r of Shares issued:	common OF ST	Par Value or statement that shares are without
No of Shares	Class	Scries	par value
3,000	class A	common.	.01
12/20	1093	THE YACHT HEADQUARTERS	705 R.I.
1.3		Name of Corporation)	

2984 9B.

To be filed annually between

State of Rhude Island and Frovidence Flantations CORPORATIONS DIVISION IMPROVIDENCE RHODE ISLAND 62903

(Report must be signed by an officer)

Corporate ID	· · · · · · · · · · · · · · · · · · ·	Annual Report for the year	December 31, 1992
•	of the corporation is THE YACH	T HEADQUARTERS OF R.I.	
SECOND: It is inc	orporated under the laws of D	ELAWARE	
THIRD: Characte	r of business, briefly stated, is B	OAT DEALERSHIP	
FOURTH: If forei	gn corporation, address of its princ	ipal office 561 BOYLSTON ST	TREET
		BOSTON, MA 02	
FIETH: Business:	address in Rhode Island	ONE LAGOON ROAD	
		PORTSMOUTH, R.I. 0	2571
SIXTH: Names a	nd addresses of its directors and of	ficers: Address (including number	(Attach rider if necessary) r. street zip code)
JON ROTENBERG	Director	476 HEATH STREET, CHE	STNUT HILL, MA 02167
	Director		
	Director		
JON ROTENBERG	President	476 HEATH STREET, CHES	TNUT HILL, MA 02167
	Vice President		
JON ROTENBERG	Secretary	476 HEATH STREET, CHES	TNUT HILL, MA 02167
JON ROTENBERG	Treasurer	476 HEATH STREET, CHES	TNUT HILL, MA 02167
Seventh: Num	ber of Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Senes	par value
3,000	class A	common	.01
Еібнтн: Numb	per of Shares issued:	3	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
3,000	· · class A	common	.01
Dated 12/18/9	7 L 19 /	THE YACHT HEADQUARTERS OF	A.I.

Form 31 10/91

To be filed annually between January 1st and March 1st

Interest Minde Island and Providence Plantations

57656

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

FIRST. The name of tr	e corporation is:	HT HEADQUARTERS OF R.I.	
SECOND: It is incorpo	rated under the laws of	DELAWARE	
THIRD: Character of b	ousiness, briefly stated, is	BOAT DEALERSHIP	
Fourth: If foreign co	orporation, address of its pri	ncipal office 561 BOYLSTON 57	TREET
		BOSTON, MA 02	116
FIFTH: Business addre	ess in Rhode Island	ONE LAGOON ROAD	
		PORTSMOUTH, R.I. 0	2571
SIXTH: Names and ac	ddresses of its directors and	Officers: Address (including numbe	(Attach rider if necessary) r. street, zip code)
JON ROTENBERG	Director		STNUT HILL, MA 0216
	Director		
	Director		
JON ROTENBERG	President	476 HEATH STREET, CHES	TNUT HILL, MA 02167
	Vice Preside	nt	
	Secretary	. = (omprem CHEC	
JON ROTENBERG	Treasurer	476 HEATH STREET, CHES	TNUT HILL, MA 02167
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Senes	par value . 01
3,000	class A	common 2 3	Par Value
Eighth: Number of	Shares issued:		or statement that shares are without
No. of Shares	Class	Series'	par value . 01
3,000	class A	common	.01
Dated 13/18	19 92	THE YACHT HEADQUARTERS OF	R.I.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0057858	•••••		t for the year 1990
First:	The name of the corp	oration isThe	Yacht Headquar	ters of Rhode Island, Inc
Second:	It is incorporated u	nder the laws of	Delaware	
Third:	Character of business			etail sale of boats and
Fourth:	If foreign corporation			oat Basin, 1 Lagoon Road,
Г і г тн:		hode Island Bend	Boat Basin, 1 Lag	
Ѕіхтн:	Names and addresses	of its directors and		(Attach rider if necessary)
Jon F. Rot	enberg	Director	476 Heath St.,	Chestnut Hill, MA 02167
		Director	,	
		Director		
	enberg		476 Heath St.,	Chestnut Hill, MA 02167
			•••••••••••••••••••••••••••••••••••••••	Warren, RI 02865
				Chestnut Hill, MA 02167
	enberg	Secretary	*******	••••••••••••••••••••••••••••••
Jon F. Rot	enberg	Treasurer	4/6 Heath St.,	Chestnut Hill, MA 02167
Seventh	: Number of Shares	authorized:		Par Value or statement that
No. of Sha	ares	Class	Series	shares are without par value
3,000		Common	Rec'd & Piled	\$.01 EB 28 1990
Еібнтн:	Number of Shares i	ssued:		Par Value or statement that shares are without
No. of Sha 100		Class Common	Series	par value \$.01
Dated	2/24		The Yacht Headquay	ters of Phode Island, Inc.

(Report must be signed by an officer)

Form 31 1/85