



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. 123963		2. Name of Corporation GLOBAL MARINE POWER, INC.			
3. Street Address Principal Business Office P.O. Box 984			City Newport	State RI	Zip 02840
4. Business Phone No. (401)397-6784		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island DOMESTIC AND INTERNATIONAL SALE OF MARINE ENGINES AND COMPONENT PARTS TO THE WHOLESALE MARKET AND TRADE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Bolcon			Vice President Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Walter Bolcon			Treasurer Name Walter Bolcon		
Street Address 18 Acres of Pine Road			Street Address 18 Acres of Pine Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter Bolcon			Director Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name None			Director Name None		
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
4,000 NO PAR VALUE			100	Common	No Par Value

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



FILED

File Date _____

Check No. _____

By: KMC

MAY 13 2005

M66037

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.

Walter Bolcon 2/11/05
Signature of Officer Date
Walter Bolcon
Print or Type Name of Officer
President
Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123963		2. Name of Corporation GLOBAL MARINE POWER, INC.			
3. Street Address Principal Business Office P.O. Box 984			City Newport	State RI	Zip 02860
4. Business Phone No. (401)397-6784		5. State of Incorporation RHODE ISLAND		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island DOMESTIC AND INTERNATIONAL SALE OF MARINE ENGINES AND COMPONENT PARTS TO THE WHOLESALE MARKET AND TRADE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Bolcon			Vice President Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Walter Bolcon			Treasurer Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter Bolcon			Director Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name None			Director Name None		
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
4,000 NO PAR VALUE			100	Common	No Par Value

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



* 1 2 3 9 6 3 *

File Date 4/2/04
Check No. 3738
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 herein are true and correct.

Walter Bolcon 1/12/04
Signature of Officer Date
Walter Bolcon
Print or Type Name of Officer
President
Title of Officer



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. 123963		2. Name of Corporation GLOBAL MARINE POWER, INC.	
3. Street Address Principal Business Office P.O. Box 984		City Newport	State RI
4. Business Phone No. (401)397-6784		5. State of Incorporation RHODE ISLAND	6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island Sale of marine engines and componet parts to the wholesale market and trade			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Walter Bolcon		Vice President Name None	
Street Address 10 Acres of Pine Road		Street Address	
City Coventry	State RI	Zip 02816	
Secretary Name Paul M. Finstein		Treasurer Name None	
Street Address 3010 Post Road		Street Address	
City Warwick	State RI	Zip 02886	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Walter Bolcon		Director Name None	
Street Address 10 Acres of Pine Road		Street Address	
City Coventry	State RI	Zip 02816	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
4,000 NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	Common	No Par Value	

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



* 1 2 3 9 6 3 *

FILED

File Date: _____

Check No.: **OCT 17 2003**

By: **M 9193**

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.

Paul M. Finstein **Secretary** **2/21/03**
Signature of Officer Date

Paul M. Finstein
Print or Type Name of Officer

Secretary
Title of Officer