Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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PROFII	CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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PROFIT CORP	ORATION .	ANNUAL REI	PORT FOR THE	YEAR 2005		
(FORM MUST BE TYPED IN 1. Corporate ID No. 98965	BLACK) 2. Name of Corpo Perini Navi I					
3. Street Address Principal Bus 11 MEMORIAL BOUL	~		Cin. NEWPORT	State RI	Zip	
4. Business Phone No.		5. State of Incorpora		KI .	02840	
(401)849-1510		RHODE ISLAI			6. SIC Code 4812	
7. Brief Description of the Cha	racter of Business Cor SALE OP BOATS.	ducted in Rhode Island				
8. NAMES AND ADDRES President Name	SSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT)	PACES BEFORE USING A	TTACHMENTS	
Bruce Brakenhoff,	Jr.		Bruce Brakenho	ff, Jr.		
Street Address			Street Address			
1 Maritime Drive			1 Maritime Dri	.ve		
City	State	Zip	City	State	Zip	
Portsmouth Secretary Name	RI	02871	Portsmouth Treasurer Name	RI	02871	
Bruce Brakenhoff,	Jr.		Bruce Brakenho	ff, Jr.		
Sireei Address			Street Address			
1 Maritime Drive			1 Maritime Dri	ve		
City	State	Zip	City	State	Zip	
Portsmouth	RI	02871	Portsmouth	RI	02871	
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Bruce Brakenhoff,	Jr.					
Street Address			Street Address			
1 Maritime Drive						
City	State	Zip	City	State	Zip .	
Portsmouth	RI	02871	•		•	
Director Name		•	Director Name		•	
Street Address		• •	Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Scries	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR	VALUE		100	Common	No Par Value	
This report must be sign	ed in ink by eithe	er the President, Vice	President, Secretary, Assi	istant Secretary, Treasi	urer, Receiver or Trustee	
IN TRIBITION FOR						
y 8 9	0 >			rjury, I declare and affirm g any accompanying scheo		

98965 DBC 01/1 10 1 2 3 27 AM File Date Check No. FOR SECRETARY OF STATE USE ONLY

and that all statements contained herein are true and correct. 2/28/0

Date

Signature of Officer

Bruce Brakenhoff, Jr.
Print or Type Name of Officer

President Title of Officer

Fonn 630 12/01

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

1. Corporate ID No.	BLACK) 2. Name of Corpo	ration			
98965	Perini Navi l				•
3. Street Address Principal But 11 MEMORIAL BLVD	•		Cin NEWPORT	State RI	<i>Zip</i> 02840
4. Business Phone No. 4018491510		5. State of Incorpora RHODE ISLAT	tion	N.Z	6. SIC Code 4812
7. Brief Description of the Che THE MARKETING AND	7			-	4012
8. NAMES AND ADDRE President Name	SSES OF THE OFF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SE	PACES BEFORE USING A	TTACHMENTS
Bruce Brakenhoff Street Address	Jr.		Bruce Brakenho: Street Address	ff, Jr.	
One Maritime Driv	⁄e		One Maritime D	rive	
City	State	Zip	City [,]	State	Zip
Portsmouth Secretary Name	RI	02871	Portsmouth Treasurer Name	ŔI	02871
Bruce Brakenhoff,	Jr.		Bruce Brakenhof	f, Jr.	
Siree Address One Maritime Driv	<i>r</i> e		Street Address One Maritime Dr	ci ve	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) T FILL IN	SPACES BEFORE USING	ATTACHMENTS
Bruce Brakenhoff	Jr.				
Street Address			Street Address		•
One Maritime Driv	re		•		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			
Director Name			Director Name		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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Check No.	MAR 0 1 2004
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FOR SECRET	ARY 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 configured herein are true and correct. Signature of Officer Bruce Brakenhoff, Jr. Print or Type Name of Officer





Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

N BLACK)				~	
Perini Navi					
usiness Office		City	State	Ζip	
	State of Incompanies	NEWPORT	K1	02840	
	RHODE ISLAND			6. SIC Code 4812	
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		· · · · ·	KI KI	02871	
. Jr.			ff Jr		

ve					
State	Zip			Zip	
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		, Director Name	480 i e a e e e e e e e e e e e e e e e e e		
, Jr.			•		
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RI	02871	,		•	
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and the second control of the second control		Street Address	*····		
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			jury, I declare and affirm t any accompanying sched		
	2. Name of Corp Perini Navi Perini Navi Corp Perini Navi Per	2. Name of Corporation Perini Navi U.S.A. Inc.	2. Nume of Corporation Perini Navi U.S.A. Inc.	2. Nume of Corporation Perini Navi U.S.A. Inc.	

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

Check No.

Bruce Brakenhoff, Jr.

Print or Type Name of Officer

President

Tule of Officer

Form 630 12/01



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

STOP PU SSI RESUD INSURECTIONS

1. Carparate ID No. 98965	2. Name of Corpor Perini Navi				
3. Street Address Principal Business 11 Memorial Boul	Office		Newport Newport	State RI	^{zi} 02840
4. Business Phone No. (401) 849–1510		5. State of Incorporation			6. SIC Code 4812
7. Brief Description of the Characte The marketing and			lawful purpose.		
8. NAMES AND ADDRES	SES OF THE OFF	ICERS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name Bruce Brakenhoff,	Jr.		Vice President Name Bruce Brakenho	ff, Jr.	
Street Address One Maritime Driv	e		Street Address One Maritime Di		
Portsmouth	State RI	^{21p} 02871	Portsmouth	State RI	^z ′02871
Secretary Name Bruce Brakenhoff,	Jr.		Treasurer Name Bruce Brakenhot	ff, Jr.	•••••••••••••••••••••••••••••••••••••••
Sueen Address One Maritime Driv	re	• •	Suce Address One Maritime Di		
ony Portsmouth	State RI	02871	Cor Portsmouth	State RI	^z ′δ2871
P. NAMES AND ADDRES Director Name Bruce Brakenhoff,		ECTORS (*X* BOX FOR A	Director Rame	CES BEFORE USING AT	FACHMENTS
ucet Adduess One Maritime Driv	re		Street Address		
Portsmouth	State RI	^{Zip} 02871	City	State	Zip
Director Name			Director Name	•••••	
ireet Address			Street Address		
Tity	State	Zip	City	¹ State	Zip
O. SHARES AUTHORIZEI	D CX* BOX FOR ATT	ACHMENT) []	11 SHAPES ISSUED	(*X* BOX FOR ATTACHMEN	
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	* 9 8 9 6 5 *
File Date:	2.11.02
Check No.:	3714

FOR SECRETARY OF STATE USE ONLY

President

Print or Type Name of Officer

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

IRBMA 2/04/02

Signature of Officer Date

Bruce Brakenhoff, Jr.

sident

Form 630 12/01

Corporations Division. 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 98965 Perini Navi U.S.A. Inc. 3. Street Address Principal Business Office State 11 Memorial Boulevard Newport RI 02840 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)849-1510 RHODE ISLAND 04812 7. Brief Description of the Character of Business Conducted in Rhode Island The marketing and sale of boats and any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Bruce Brakenhoff, Jr. Bruce Brakenhoff, Jr. Street Address Street Address One Maritime Drive One Maritime Drive City City ^{2.ip}02871 Portsmouth RI 02871 Portsmouth RI Secretary Name Treasurer Name Bruce Brakenhoff, Jr. Bruce Brakenhoff, Jr. Street Address Street Address One Maritime Drive One Maritime Drive State 02871 Portsmouth RΙ Portsmouth 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Bruce Brakenhoff, Jr. Street Address Street Address One Maritime Drive راه 02871 City Portsmouth State RI 7.1p Director Name Director Name Street Address Street Address City State City Stole Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shores Par Value Number of Shares Class/Series Par Value 1,000 COMM 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

	* 9 8 9 6 5 *
File Date:	
Check No.:	2999
Ry:	de
FOR SECRETARY C	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.

1/2/2	MI	_0,/24/0,
Signature of Officer	{	Date

Bruce Brakenhoff, Jr.
Print or Type Konne of Officer

President

Title of Officer

982350

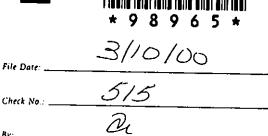


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

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



1 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
2. Name of Corporation Perini Navi	U.S.A. Inc.	- 		
)ffice		City	State	
Boulevard		·		Zip
	5. State of Incorporation	Mewbolf	RI	02840
				6. SIC Code
f Business Conducted in Ri	node Island			
E2 OF THE OFFICE	of boats and a	any other lawful MENT) FILLIN SPACES BE Vice President Name	purpose. FORE USING ATTAC	HMENTS
noff, Jr.		Bruce Braken	hoff, Jr.	
T		Street Address		
		One Maritime	Drive	
	Zip	Спу	State	Zip
****	02871	Portsmouth Treasurer Name	. RI	02871
off, Jr.		Bruce Brakeni	hoff. Jr	
		Street Address	.011, 01.	
Drive		One Maritime	Drive	
State	Zip	City	State	Zip
RI	02871	Portsmouth	RT	02871
off, Jr.	ONE (A BOATON MITAL	Director Name Street Address	EFORE USING ATTA	CHMENTS
	_			
	•	City	State	Zip
K1	02871			
		Director Name		
		Street Address		
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X BOX FOR ATTACHM	GENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACIIMENT)	-
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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

Bruce Brakenhoff, Jr.

Print or Type Name of Officer President

Title of Officer



James R. Langevin, Secretary of State Corporations División 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

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FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BL					
1. Corporate ID No. 98965		ition I U.S.A. Inc.			<u></u>
3. Street Address Principal Rusiness Office 11 Memorial Boulevard			Newport	State R I	21p ,
4. Business Phone No. (401) 849-151	4. Business Phone No. (401) 849-1510 S. State of Incorporation RHODE ISLAN				6. SIC Code
7. Brief Description of the Charact	er of Rusiness Conducted	in Rhode Island			
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8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
President Name			Vice President Name		
Bruce Brakenh	off, Jr.	· · · ·	Bruce Braken	hoff , Jr.	
1 Maritime Dr	ive		Sured Address 1 Maritime D	rive	,
City Portsmouth	State RI	02871	cny Portsmouth	State R I	02871
Secretary Name Bruce Brakenh	noff, Jr.		Treasurer Name Bruce Braken	hoff , Jr.	••••••
Succi Address l Maritime Dr	ive		Street Address 1 Maritime D	rive	
Portsmouth	State RI	02871	City Portsmouth	State RI	02871
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Director Name Bruce Brakenh			Director Name		
Street Address 1 Maritime Dr	ive		Street Address		
Portsmouth	State RI	^{Zip} 02871	City	State	Zip
Director Name	••••••••••••••••••••••••	••••••	Director Name		
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his report must be <mark>sign</mark>	ed in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Trustee
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*	98965	*		iry, I declare and affirm	
	1000			-	dules and statements, and
File Date:	80 R100	1	- Statements cor	tained herein are true a	lina correct.
, Dutc.			12-17 12	11/	11311 49
Check No.:	<u> </u>		Signature of Officer	, , ,	Date
· 	76	177		enhoff, Jr.	· ,
•	<u></u>	$\nu \sim$	Print or Type Name of Office	,, 	

President

Title of Officer