



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 IN BLACK)

1. Corporate ID No. 98965 2. Name of Corporation Perini Navi U.S.A. Inc.
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD City NEWPORT State RI Zip 02840
4. Business Phone No. (401) 849-1510 5. State of Incorporation RHODE ISLAND 6. SIC Code 4812
7. Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING AND SALE OF BOATS.

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

President Name Bruce Brakenhoff, Jr. Vice President Name Bruce Brakenhoff, Jr.
Street Address 1 Maritime Drive Street Address 1 Maritime Drive
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871
Secretary Name Bruce Brakenhoff, Jr. Treasurer Name Bruce Brakenhoff, Jr.
Street Address 1 Maritime Drive Street Address 1 Maritime Drive
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871

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

Director Name Bruce Brakenhoff, Jr. Street Address
1 Maritime Drive
City Portsmouth State RI Zip 02871
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM 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



9 8 9 6 5

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

Date

2/28/05

98965 DBC 01/11/05 11:27 AM

File Date

MAR 07 2005

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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 IN BLACK)

1. Corporate ID No. 98965 2. Name of Corporation Perini Navi U.S.A. Inc.
3. Street Address Principal Business Office 11 MEMORIAL BLVD. City NEWPORT State RI Zip 02840
4. Business Phone No. 4018491510 5. State of Incorporation RHODE ISLAND 6. SIC Code 4812
7. Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING AND SALE OF BOATS.

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

President Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	Vice President Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871
Secretary Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	Treasurer Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871

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

Director Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	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	Class/Series	Par Value
Number of Shares		
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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

98965 DBC 01/06/04 10:22:29 AM

File Date RECEIVED
Check No. MAR 01 2004
By KID
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.

Bruce Brakenhoff, Jr. 2/25/04
Signature of Officer Date
Bruce Brakenhoff, Jr.
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 IN BLACK)

1. Corporate ID No. *98965*		2. Name of Corporation Perini Navi U.S.A. Inc.		
3. Street Address Principal Business Office 11 MEMORIAL BLVD.		City NEWPORT	State RI	Zip 02840
4. Business Phone No. 4018491510		5. State of Incorporation RHODE ISLAND		6. SIC Code 4812

7. Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING AND SALE OF BOATS.

8. NAMES AND ADDRESSES OF THE OFFICERS OF THE CORPORATION ☐ **9. IF OFFICERS RESIDE OUT OF STATE, LIST THEIR RESIDENCE ADDRESSES**

President Name Bruce Brakenhoff, Jr.			Vice President Name Bruce Brakenhoff, Jr.		
Street Address One Maritime Drive			Street Address One Maritime Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Bruce Brakenhoff, Jr.			Treasurer Name Bruce Brakenhoff, Jr.		
Street Address One Maritime Drive			Street Address One Maritime Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871

10. NAMES AND ADDRESSES OF THE DIRECTORS OF THE CORPORATION ☐ **11. IF DIRECTORS RESIDE OUT OF STATE, LIST THEIR RESIDENCE ADDRESSES**

Director Name Bruce Brakenhoff, Jr.			Director Name		
Street Address One Maritime Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

12. SHARES AUTHORIZED BY ACT FOR ATTACHMENT ☐ **13. SHARES ISSUED BY ACT FOR ATTACHMENT** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	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 *

98965 DBC1/9/033:23:43 PM

File Date 2/12/03

Check No. 4392

By: BR

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.

BR 02/04/03
Signature of Officer Date
Bruce Brakenhoff, Jr.
Print or Type Name of Officer
President
Title of Officer

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 98965 2. Name of Corporation Perini Navi U.S.A. Inc.
3. Street Address Principal Business Office 11 Memorial Boulevard City Newport State RI Zip 02840
4. Business Phone No. (401) 849-1510 5. State of Incorporation RHODE ISLAND 6. SIC Code 4812

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

President Name	Vice President Name
<u>Bruce Brakenhoff, Jr.</u>	<u>Bruce Brakenhoff, Jr.</u>
Street Address <u>One Maritime Drive</u>	Street Address <u>One Maritime Drive</u>
City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>
Secretary Name	Treasurer Name
<u>Bruce Brakenhoff, Jr.</u>	<u>Bruce Brakenhoff, Jr.</u>
Street Address <u>One Maritime Drive</u>	Street Address <u>One Maritime Drive</u>
City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>

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

Director Name	Director Name
<u>Bruce Brakenhoff, Jr.</u>	
Street Address <u>One Maritime Drive</u>	Street Address
City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	City State Zip
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
<u>1,000 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No par value</u>

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: 2-11-02

Check No.: 3714

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] 2/04/02
Signature of Officer Date

Bruce Brakenhoff, Jr.

Print or Type Name of Officer

President

Title of Officer



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

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

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. **98965** 2. Name of Corporation **Perini Navi U.S.A. Inc.**
3. Street Address Principal Business Office **11 Memorial Boulevard** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401)849-1510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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**

President Name

Bruce Brakenhoff, Jr.

Street Address

One Maritime Drive

City

Portsmouth

State

RI

Zip

02871

Secretary Name

Bruce Brakenhoff, Jr.

Street Address

One Maritime Drive

City

Portsmouth

State

RI

Zip

02871

Vice President Name

Bruce Brakenhoff, Jr.

Street Address

One Maritime Drive

City

Portsmouth

State

RI

Zip

02871

Treasurer Name

Bruce Brakenhoff, Jr.

Street Address

One Maritime Drive

City

Portsmouth

State

RI

Zip

02871

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

Director Name

Bruce Brakenhoff, Jr.

Street Address

One Maritime Drive

City

Portsmouth

State

RI

Zip

02871

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

1,000 COMM 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



* 9 8 9 6 5 *

File Date: 1/31

Check No.: 2999

By: de

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.

R. Brakenhoff, Jr. 01/24/01
Signature of Officer Date

Bruce Brakenhoff, Jr.
Print or Type Name of Officer

President
Title of Officer

98235C
FORM 80-1220



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
401-222-3046



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. **98965** 2. Name of Corporation **Perini Navi U.S.A. Inc.**
3. Street Address Principal Business Office **11 Memorial Boulevard** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-5310** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

President Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	Vice President Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871
Secretary Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	Treasurer Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871

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

Director Name Bruce Brakenhoff, Jr. Street Address One Maritime Drive City Portsmouth State RI Zip 02871	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
1,000 COMM 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



* 9 8 9 6 5 *

File Date: 3/10/00

Check No.: 515

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] 3/07/00
Signature of Officer Date

Bruce Brakenhoff, Jr.

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. 98985		2. Name of Corporation Perini Navi U.S.A. Inc.			
3. Street Address Principal Business Office 11 Memorial Boulevard			City Newport	State RI	Zip 02840
4. Business Phone No. (401) 849-1510		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bruce Brakenhoff, Jr.			Vice President Name Bruce Brakenhoff, Jr.		
Street Address 1 Maritime Drive			Street Address 1 Maritime Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Bruce Brakenhoff, Jr.			Treasurer Name Bruce Brakenhoff, Jr.		
Street Address 1 Maritime Drive			Street Address 1 Maritime Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bruce Brakenhoff, Jr.			Director Name		
Street Address 1 Maritime Drive			Street Address		
City Portsmouth	State RI	Zip 02871	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
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: **Feb 8, 1999**

Check No.: **2016**

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] **11/31/99**
Signature of Officer Date

Bruce Brakenhoff, Jr.

Print or Type Name of Officer

President

Title of Officer