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 128871 — *2 Name of Corporation* CLASSIC 12 METER CHARTERS, INC.

3 Street Address Principal Business Office 5 MARINA PLAZA — *City* NEWPORT — *State* RI — *Zip* 02840

4 Business Phone No 4018511216 — *5 State of Incorporation* RHODE ISLAND — *6 SIC Code* 9837

7 Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING, ADVERTISING AND BROKERAGE OF CLASSIC 12 METER YACHT CHARTERS AND THE CHARTER OF OTHER SAIL CRAFT

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

President Name			*Vice President Name*		
James C Marshall			Alain Hanover		
Street Address			*Street Address*		
154 Harvey Ave.			321 South Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Barnstable	MA	02630	Weston	MA	02493
Secretary Name			*Treasurer Name*		
Meredith Odell			Jeffrey Barrows		
Street Address			*Street Address*		
216 Boulevard			14 Gregory St.		
City	*State*	*Zip*	*City*	*State*	*Zip*
Middletown	RI	02842	Marblehead	MA	01945

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

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*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)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	N/A	No Par

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

[redacted] [barcode] 1 2 5 8 7 1 [redacted]

128871 DBC 05/26/05 07:12 22 AM

File Date [illegible] 2005

Check No [illegible]

By [illegible]

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.

Jeffrey Barrows 3/1/05

Signature of Officer *Date*

Jeffrey Barrows

Print or Type Name of Officer

[redacted] Treasurer

Title of Officer

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. 128871

2 Name of Corporation CLASSIC 12 METER CHARTERS, INC

3 Street Address Principal Business Office 3 MARINA PLAZA

City NEWPORT *State* RI *Zip* 02840

4 Business Phone No. 4018511216

5 State of Incorporation RHODE ISLAND

6 SIC Code 9833

7 Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING, ADVERTISING AND BROKERAGE OF CLASSIC 12 METER YACHT CHARTERS AND THE CHARTER OF OTHER SAIL CRAFT

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

President Name James C. Marshall
Street Address 104 Harvey Ave
City Barnstable *State* MA *Zip* 02630

Vice President Name Alain Hanover
Street Address 625 South Avenue
City Weston *State* MA *Zip* 02493

Secretary Name Meredith Odell
Street Address 218 Boulevard
City Middletown *State* RI *Zip* 02842

Treasurer Name Jeffrey Barrows
Street Address 14 Gregory St.
City Marblehead *State* MA *Zip* 01945

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

Director Name none
Street Address
City *State* *Zip*

Director Name none
Street Address
City *State* *Zip*

Director Name none
Street Address
City *State* *Zip*

Director Name none
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	N/A	No Par

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

[redacted] [barcode] [redacted]

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.

James C. Marshall 3/1/04
Signature of Officer *Date*

James C. Marshall
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 - 2004

128871 DBC 03/15/04 03:02:27 PM
File Date 3/26/04
Check No 5307
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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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
128871	CLASSIC 12 METER CHARTERS, INC.			
3. Street Address Principal Business Office		City	State	Zip
5 Marina Plaza		Newport	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
851-1216	RHODE ISLAND			9837

7. Brief Description of the Character of Business Conducted in Rhode Island
THE MARKETING, ADVERTISING AND BROKERAGE OF CLASSIC 12 METER YACHT CHARTERS AND THE CHARTER OF OTHER SAIL CRAFT.

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

President Name			Vice President Name		
Kevin Hegarty			James C. Marshall		
Street Address			Street Address		
2c Bonniecrest Gardens, Harrison Ave.			104 Harvey Ave.		
City	State	Zip	City	State	Zip
Newport	RI	02840	Barnstable	MA	02630
Secretary Name			**Treasurer Name**		
James C. Marshall			Arthur Shlossman		
Street Address			Street Address		
104 Harvey Ave.			609 East Shore Road		
City	State	Zip	City	State	Zip
Barnstable	MA	02630	Jamestown	RI	02835

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

Director Name			Director Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
none			none		
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	Par Value
8000	N/A	No Par	300	N/A	No Par

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

[redacted] 1 2 8 8 7 1 [redacted]

128871 DBC 09/03/03 03:09:29 PM
File Date FILED
Check No. SEP 10 2003
By: 8v 11046MB
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.

James C Marshall
Signature of Officer *Date*

JAMES C MARSHALL
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/01