



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. 111072		2. Name of Corporation Custom Marine Plastics, Inc.			
3. Street Address Principal Business Office 281 FRANKLIN STREET, UNIT 1-A			City BRISTOL	State RI	Zip 02809-
4. Business Phone No. 4012535400		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO GENERALLY ENGAGE IN THE BUSINESS OF MANUFACTURING					
8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. DiPippo			Vice President Name Michael J. DiPippo		
Street Address 249 Hope Street			Street Address 249 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Michael J. DiPippo			Treasurer Name Michael J. DiPippo		
Street Address 249 Hope Street			Street Address 249 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. DiPippo			Director Name .		
Street Address 249 Hope Street			Street Address .		
City Bristol	State RI	Zip 02809	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"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	\$1.00 PAR VALUE		100		1.00
11. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



1 1 1 0 7 2

*111072 DBC 07/07/05 04:57:41 PM:
File Date 8/15/05
Check No. 2834
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.

[Signature] / 8/10/05
Signature of Officer Date
Michael J. DiPippo
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 111072		2. Name of Corporation CUSTOM MARINE PLASTICS INC.			
3. Street Address Principal Business Office 281 FRANKLIN STREET UNIT 1A			City BRISTOL	State RI	Zip 02809
4. Business Phone No 401 253 5400		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL J. DiPippo			Vice President Name -SAME-		
Street Address 249 HOPE STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name -SAME-			Treasurer Name -SAME-		
Street Address			Street Address		
City	State	Zip	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 -SAME-			Director Name -SAME-		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name -SAME-			Director Name -SAME-		
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
2,000	A 1.00 PAR VALUE		100		\$1.00

RECEIVED STATE
 FEB 25 11 27 AM '04

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

FILED

FEB 25 2004

By KMI
C 21051

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] 2/25/04
Signature of Officer Date

MICHAEL J. DiPippo
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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. 111072		2. Name of Corporation Custom Marine Plastics, Inc.			
3. Street Address Principal Business Office 281 FRANKLIN STREET, UNIT 1-A			City BRISTOL	State RI	Zip 02809-
4. Business Phone No. 4012535400		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island TO GENERALLY ENGAGE IN THE BUSINESS OF MANUFACTURING					
8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. DiPippo			Vice President Name Same		
Street Address 249 Hope Street			Street Address .		
City Bristol	State RI	Zip 02809	City .	State .	Zip .
Secretary Name Same			Treasurer Name Same		
Street Address .			Street Address .		
City .	State .	Zip .	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 Same			Director Name Same		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
Director Name Same			Director Name Same		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED (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
2,000	\$1.00 PAR VALUE		100		\$1.00
11. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



FILED

FEB 25 2004

111072 DBC 12/20/03 05:26:25 PM
 File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By: me
C 2/25/04

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: [Signature] Date: 12/20/03
 Print or Type Name of Officer: Michael J. DiPippo
 Title of Officer: President



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *111072*		2. Name of Corporation Custom Marine Plastics, Inc.			
3. Street Address Principal Business Office 281 FRANKLIN STREET, UNIT 1-A			City BRISTOL	State RI	Zip 02809-
4. Business Phone No. 4012535400		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island TO GENERALLY ENGAGE IN THE BUSINESS OF MANUFACTURING					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. DiPippo			Vice President Name same as president		
Street Address 249 Hope Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name same as president			Treasurer Name same as president		
Street Address			Street Address		
City	State	Zip	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 n/a			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) <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
2,000	\$1.00 PAR VALUE		100		\$1.00

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



111072 DBC8/13/026:34:16 PM

File Date **FILED**

Check No. **AUG 16 2002**

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

AUG 16 91

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] 8-13-02

Signature of Officer Date

MICHAEL J. DiPippo

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **111072** 2. Name of Corporation **Custom Marine Plastics, Inc.**
3. Street Address Principal Business Office **281 FRANKLIN STREET UNIT 1-A** City **BRISTOL** State **RI** Zip **02809**
4. Business Phone No. **401-253-5400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURER OF COMPONENTS MADE FROM POLYETHYLENE, PLASTICS + ACRYLICS

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

President Name MICHAEL J. DIPIPPO	Vice President Name SAME
Street Address 249 HOPE STREET	Street Address SAME
City BRISTOL State RI Zip 02809	City SAME State SAME Zip SAME
Secretary Name SAME	Treasurer Name SAME
Street Address SAME	Street Address SAME
City SAME State SAME Zip SAME	City SAME State SAME Zip SAME

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

Director Name SAME	Director Name SAME
Street Address SAME	Street Address SAME
City SAME State SAME Zip SAME	City SAME State SAME Zip SAME
Director Name SAME	Director Name SAME
Street Address SAME	Street Address SAME
City SAME State SAME Zip SAME	City SAME State SAME Zip SAME

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100	\$	1.00

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



* 1 1 1 0 7 2 *

File Date: 6/11/01

Check No.: 5078

By: CMA

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 [Signature] Date 01-30-01

MICHAEL J. DIPIPPO
Print or Type Name of Officer

PRESIDENT, CUSTOM MARINE PLASTICS INC.
Title of Officer