



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 OR PRINTED IN BLACK)

1. Corporate ID No. 112274		2. Name of Corporation Rebecca Associates, Inc.			
3. Street Address (Principal Office) PO Box 630		City Newport		State RI	Zip 02840
4. Business Phone No. 401-846-8226		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE OPERATIONS, YACHT MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jon M Barrett			Vice President Name Debra Salge		
Street Address PO Box 630			Street Address 646 S. Main St.		
City Newport	State RI	Zip 02840	City San Antonio	State TX	Zip 78204
Secretary Name Debra Salge			Treasurer Name Debra Salge		
Street Address 646 S. Main St.			Street Address 646 S. Main St.		
City San Antonio	State TX	Zip 78204	City San Antonio	State TX	Zip 78204
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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 \$0.01 PAR VALUE			1,000	Common	\$10.00

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



File Date	1-20-05
Check No.	1541
By:	22
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
Jon M Barrett
Print or Type Name of Officer
President
Date
18 Jan 2005



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 OR PRINTED IN BLACK)

1. Corporate ID No. 112274		2. Name of Corporation Rebecca Associates, Inc.			
3. Street Address Principal Business Office PO Box 630		City Newport	State RI	Zip 02840	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MARINE OPERATIONS, YACHT MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jon M Barrett			Vice President Name Debra Salge		
Street Address PO Box 630			Street Address 646 S. Main St.		
City Newport	State RI	Zip 02840	City San Antonio	State TX	Zip 78204
Secretary Name Debra Salge			Treasurer Name Debra Salge		
Street Address 646 S. Main St.			Street Address 646 S. Main St.		
City San Antonio	State TX	Zip 78204	City San Antonio	State TX	Zip 78204
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			1,000	Common	\$10.00

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



* 1 1 2 2 7 4 *

File Date	2-2-09
Check No.	1106
By:	10P
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 Jon M Barrett Date 1/29/09
Print or Type Name of Officer Jon M Barrett
Title of Officer President



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.

112274

2. Name of Corporation

Rebecca Associates, Inc.

3. Street Address Principal Business Office

PO Box 630

City

Newport

State

RI

Zip

02840

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

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

Marine Operations, Yacht Management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jon M Barnett

Street Address

PO Box 630

City

Newport

State

RI

Zip

02840

Vice President Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

Zip

78204

Secretary Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

78204

Treasurer Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

Zip

78204

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

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

4,000 COMMON \$0.01 PAR VALUE

1,000

Common

\$0.01

Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

\$10.00

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



* 1 1 2 2 7 4 *

File Date: 5-6-03

Check No: 879

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 of Officer

Date

Print or Type Name of Officer

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.

112274

2. Name of Corporation

Rebecca Associates, Inc.

3. Street Address Principal Business Office

P O Box 630

4. Business Phone No.

401-846-8226

5. State of Incorporation

RHODE ISLAND

City

Newport

State

RI

Zip

02840

6. SIC Code

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jon M Barrett

Street Address

P O Box 630

City

Newport

State

RI

Zip

02840

Secretary Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

Zip

78204

Vice President Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

Zip

78204

Treasurer Name

Debra Salge

Street Address

646 South Main St.

City

San Antonio

State

TX

Zip

78204

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

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 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



* 1 1 2 2 7 4 *

File Date: 5-6-02

Check No.: 603

By: 2

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.

Jon M Barrett
Signature of Officer

5-1-02
Date

Jon M BARRETT
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
401-222-3040



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. **112274** 2. Name of Corporation **Rebecca Associates, Inc.**

3. Street Address Principal Business Office **555 Thames Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 846-8226** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island
Management services for yacht

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

President Name Jon M. Barrett	Vice President Name none
Street Address 555 Thames Street	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name Debra Salge	Treasurer Name none
Street Address 646 So. Main St.	Street Address
City San Antonio State TX Zip 78283	City State Zip

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

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

AUTHORIZED SHARES
Number of Shares **1,000** Class/Series **COMM** Par Value **\$0.01**
1,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares **1,000** Class/Series **COMM** Par Value **\$0.01**

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



* 1 1 2 2 7 4 *

FILED

File Date: **APR 03 2001**

Check No.: **100260025**

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] **16 JAN 2001**
Signature of Officer Date

Jon M. BARRETT
Print or Type Name of Officer

PRESIDENT
Title of Officer