

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Matn Street Providence, RI 02903-1335 401.222.3040

ROFIT CO	DRPORATION	ANNUAL	REPORT FOR THE YEAR	2005

(FORM MUST BE TYPED OR PRINTED IN BIACK)					
1. Corporate ID No.	2. Name of Corporation	<u> </u>		•	
3. Strong & defence Dysprofront Dissipance O	Rebecca Associa	tes, Inc.	T- 1	-r.	
- 70 Box 6 401-846-82	30	RHODE ISLAND	Newport	State	03840 6. SIC COME
7. Brief Description of the Character of MARINE OPERATIONS, Y	f Business Conducted in R	bode Island		· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDRESSES			CHMENT) CHELLINGO	ACES BEFORE USING A	TTA CHAICNITE
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5 POBOX 63	0		5465. M	ain St.	
Newport	State RI	1"02840	Son Antonio	State	78204
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10463, Ma	in St.	T	1046 S. N	lain 84.	
SON AN LONID	OF THE DIRECTORS	12782DY	Son Antonic) State	78204
Director Name	or the director.	S. (X BOX POR ATT)	Director Name	PACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		. <u></u>
City	State	Zψ	City	State	Ztp
Director Name	L	J	Director Name		
Street Address			Sirvei Address		
Cay	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ('"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	 (TN)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR VALU	E		4,000	Common	\$1000
	 <u>,</u> _				
This report must be si	gned in ink by cithe	r the President, Vice Pre	esident, Secretary, Assistant S	Secretary, Treasurer, Rec	eiver or Trustee
			Under penalty of perjury	, I declare and affirm that I	have examined this report.
File Date	20.05		contained any accompan	and correct.	ents, and that all statements
rue Date	1541		Synaiure of Officer		8-JAN 2005 Date
	2		Jon M (Sarrett	
By:FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of Of	cer 	
			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 CORPO Filing Period: January 1 - M (FORM MUST BE TYPED OR PRII	1arch 1 • Filinj	NUAL REPORT g Fee: \$50.00	FOR THE YEAR	2004	
1 Corporate ID No.	2. Name of Corporation				
112274	Rebecca Assoc				
3 Street Address Principal Business	Office		Cux	State	Z(p
_PO 120x 630	9		Newsport	I RT	D3840
4. Business Phone No.		5. State of Incorporation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6 SIC Code
		RHODE ISLAND			
7. Brief Description of the Character MARINE OPERATIONS	, YACHT MANAGEMEI	Rhode Island NT			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SE	ACES BEFORE USING A	TTACHMENTS
Jon M Bar	re#		De bra Sold	9C	
STOCK BOX 630)		Sirger Address S. Ma	in 8.	
Newport	State	24940	San Antonio	State	19820H
Debra Salge	2		Debra Sal	g P	
STOCKARD S. MO	un of.		Sirroy Address J. V	Mais St.	
Son Antonio 9. Names and addresses	State TX OF THE DIRECTOR	ZIP 78204 S: ("X" BOX FOR ATT	Son Andonio	State State SPACES BEFORE USING	2ip 78204
Director Name			Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	· d. · · · · · · · · · · · · · · · · · ·		Director Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zíp
10. SHARES AUTHORIZED AUTHORIZED SHARES	1 ("X" BOX FOR ATTA	I ICHMENT) [11. SHARES ISSUED (*) ISSUED SHARES	 X" BOX FOR ATTACHMI	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR VAL	UE		1,000	Common	#1000
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		*
File Date	0.209	*
Check No.	1100	
Ву:		
	FOR SECRETARY OF STATE USE ONLY	

Indocessia of action I dealers at M	
Under penalty of perjury, I declare and affirm including any accompanying schedules and	
contained herein are true and correct.	- 1/29/04
Joh M. Barrett	Dure
Print or The Name of Officer	
Title of Officer	Form 630 Rev. 12/03

100 North Main Street, Providence, KI 02903-1535

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 OR PRINTED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

112274	Rebecca As	sociates, Inc.				
B. Street Address Principal Bu O OOA 1 Business Phone No	430	5. State of Incorporat	Newfort	State R	02840	>
		RHODE ISLA	AND .			
MULLO B. NAMES AND ADD	reacter of Busipess Conducted : ALCONTONS RESSES OF THE OFF	Yach+M	anagement	BEFORE USING ATTACH:	MENTS	
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Mowport	630 State RI	"0264c	646 South San Antoni	Main of	. 298204	<i>{</i>
Debra S urea Address 104/0 Silver	alge oh Main E	3 1	Street Address Sold -	uge	•	r
Den Anton's Names and add	10 State	78204 ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	State TX Sta	7620°	4
Director Name			Director Name			
treet Address			Street Address			
lity	State	Zip	City	State	Zip	
Director Name			Director Name			
treet Address			Street Address			
lity	State	Zip	City	State	Zip	
O. SHARES AUTHOR	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ESSUED SHARES	X" BOX FOR ATTACHMENT)		
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Re Value	
4,000 COMM \$.01 PA	RVALUE 1,000	Can \$.01 V	que 1000	Common	10.00	
S DOW	·	MOCKAN	e kow	,	dala	Ŕ

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 *	Under _l this rep
File Date:	5- C-03	that all
Check No.:	879	Signature
Ву:		Printor 1
FOR SECRETARY O	F STATE USE ONLY	This of C

Under penalty of perjury, I declare an	d affirm that I have examined
this report, including any accompany	ing schedules and statements, and
that all statements contained herein a	re true and correct.
/h.ha	
. SMLMIII	
Signature of Officer	Date
Tan M. Dagott	_
Print or Type Name of Officer	·
- Wastala	
■ JUDIOUNE	
Thie of Officer	Form 630 12/02



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 _



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

CORM	W ()	πŁ	,	TYEU	IN	BI,A

1. Corporate ID No.

2. Name of Corporation

112274

Rebecca Associates, Inc.

Business Conducted in Rhode Island

5. State of Incorporation

RHODE ISLAND

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACH	IMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Jon M Barrett	De dra Salge
POBOX 630	646 South Main 87.
Newport RI 02840	San Antonio TX 21078204
Debra Salge	Debra Salge
696 Son In Main 87,	546 Jouth Main St.
San Andonio VX 78204	Sankntonio State TX 78204
Director Name	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name
itreet Address	Street Address

City

City

State

State

Zip

City

Director Name

Street Address

Zip

Director Name

Street Address

Zip

City

State

ZIp

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

AUTHORIZED SHARES

Number of Shares 1,000 COMM \$.01 PAR VALUE

Class/Series

Par Value

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

ESSUED 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



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.

MIN MUST	5-1-02
Ignature of Officer	Date

Form 630 12/01

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

Newport

State RI ZID

4. Business Phone No.

(401) 846-8226

5. State of Incorporation RHODE ISLAND

02840 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

Street Address

Jon M. Barrett

Vice President Name none

Street Address

555 Thames Street ...

City Newport

State RI

Citi

State

Zip

Secretary Name

Debra Salge

02840

Treasurer Name

none

Street Address

Street Address 646 So. Main St.

San Antonio

TX

78283

Zip

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

Director Name

none

Street Address

State

none

Street Address

Director Name

State

State

· Zip

Director Name

none

City

City

Street Address

State

 Z_{1P}

Director Name

none

Street Address

City

State

ZIP

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$.01 PAR VALUE

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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.

ESIDENT Title of Officer

Form 630 12/00