



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. 122784 | | 2. Name of Corporation Boat Excursions Ltd. | | | |
| 3. Street Address Principal Business Office 19 Broad Common Road | | | City Bristol | State RI | Zip 02809 |
| 4. Business Phone No. 508/679-5927 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island To own, broker, buy and sell boats of all kinds and lease out boats for excursions and trips | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Henry Crowley | | | Vice President Name | | |
| Street Address 19 Broad Common Road | | | Street Address | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Secretary Name Henry Crowley | | | Treasurer Name Henry Crowley | | |
| Street Address 19 Broad Common Road | | | Street Address 19 Broad Common Road | | |
| 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 | | | 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 |
| 500 | NO PAR VALUE | | 100 | | |

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



1 2 2 7 8 4

File Date 9/8/05
 Check No. 1023
 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.

x [Signature] 8/24/05
 Signature of Officer Date
 x Crowley Henry
 Print or Type Name of Officer
 x RCS
 Title of Officer



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(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|--|--|--------------|--------------|
| 1. Corporate ID No. 122784 | | 2. Name of Corporation Boat Excursions Ltd. | | | |
| 3. Street Address Principal Business Office 19 Broad Common Road | | | City Bristol | State RI | Zip 02809 |
| 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 Consulting and Managing investments | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Henry Crowley | | | Vice President Name | | |
| Street Address 19 Broad Common Road | | | Street Address | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Secretary Name Henry Crowley | | | Treasurer Name Henry Crowley | | |
| Street Address 19 Broad Common Road | | | Street Address 19 Broad Common Road | | |
| 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 | | | 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 |
| 500 | NO PAR VALUE | | 100 | | NO PAR |

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



1 2 2 7 8 4

File Date 6/18/04
 Check No. 1017
 By: W.
 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] 5/14/04
 Signature of Officer Date
Crowley Henry
 Print or Type Name of Officer
President
 Title of Officer



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. **122784** 2. Name of Corporation **Boat Excursions Ltd.**
3. Street Address Principal Business Office
Boat Excursions Ltd. City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **508-672-2290** 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **02809**

7. Brief Description of the Character of Business Conducted in Rhode Island
To own, broker, buy and sell boats of all kinds

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

| | |
|---|---|
| President Name Henry Crowley Street Address 19 Broad Common Road City Bristol State RI Zip 02809 | Vice President Name Street Address City State Zip |
| Secretary Name Henry Crowley Street Address 19 Broad Common Road City Bristol State RI Zip 02809 | Treasurer Name Henry Crowley Street Address 19 Broad Common Road City Bristol State RI Zip 02809 |

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 | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 500 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|---------------|
| 100 | | No par |

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



* 1 2 2 7 8 4 *

File Date: 4-17-03
Check No.: 1938
By: [Signature]

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: 4/3/03
Print or Type Name of Officer: Crowley Henry
Title of Officer: Pres