



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
401 222-3049

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. 115086		2. Name of Corporation ISLAND POND, INC.			
3. Street Address Principal Business Office Box 646 Corn Neck Rd		City Black Island		State RI	Zip 02807
4. Business Phone No. 401-4665532		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING A RESTAURANT AND LOUNGE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clifton Ray Payne			Vice President Name Edward Sands Payne		
Street Address Box 646 Corn Neck Rd			Street Address Corn Neck Rd		
City Black Island	State RI	Zip 02807	City Black Island	State RI	Zip 02807
Secretary Name			Treasurer Name		
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 as above			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
600 NO PAR VALUE			600		0

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



FILED	
File Date	MAR 24 2005
Check No.	1020
By	CB
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

Clifton Payne 1-18-05
Signature of Officer Date
Clifton Payne
Print or Type Name of Officer
President
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 OR PRINTED IN BLACK)

1. Corporate ID No. 115086		2. Name of Corporation ISLAND POND, INC.			
3. Street Address Principal Business Office Box 646 Cornneck Road		City Block Island		State RI	Zip 02807
4. Business Phone No. 401-466-5572		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING A RESTAURANT AND LOUNGE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clif Payne			Vice President Name Edward Sands Payne		
Street Address Box 646 Cornneck Rd			Street Address Cornneck Road		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name			Treasurer Name		
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 None			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
600	NO PAR VALUE				

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



* 1 1 5 0 8 6 *

File Date 1-30-04
Check No 1113
By 100

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

Clif Payne

Print or Type Name of Officer

President

Title of Officer

1-22-04
Date



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **115086** 2. Name of Corporation **ISLAND POND, INC.**

3. Street Address Principal Business Office

Box 646 Corn Neck Rd.

City **Block Island** State **RI**

Zip **02807**

4. Business Phone No.

401-4665572

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

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

attached

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

President Name

Clifton Payne

Vice President Name

Street Address

Box 646 Corn Neck Rd.

Street Address

City **Block Island** State **RI** Zip **02807**

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip City State Zip

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

Director Name

none (same as above)

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

600 NO PAR VALUE

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

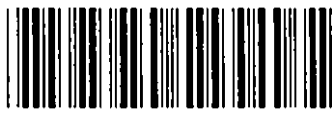
ISSUED SHARES

Number of Shares Class/Series Par Value

600

none

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



* 1 1 5 0 8 6 *

File Date: 2/19/03

Check No.: 1049

By: sn

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.

Clifton Payne 1-15-03
Signature of Officer Date

Clifton Payne
Print or Type Name of Officer

President
Title of Officer



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.

115086

2. Name of Corporation

ISLAND POND, INC.

3. Street Address Principal Business Office

Box 646 Corn-neck Rd

City

Black Island

State

RI

Zip

02807

4. Business Phone No

401-466 5572

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

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

Lounge

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Clif Payne

Vice President Name

Street Address

Box 646

Street Address

City Black Island State RI

Zip

02807

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Clif Payne

Director Name

Street Address

Box 646

Street Address

City Black Island State RI

Zip

02807

City

State

Zip

Director Name

Director Name

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

600 NO PAR VALUE

Number of Shares

Class/Series

Par Value

600

NO PAR

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



* 1 1 5 0 8 6 *

File Date:

1-14-02

Check No:

1284

By:

Clif Payne

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

Clif Payne

Jan 7, 2002

Signature of Officer

Date

Clif Payne

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.
115086

2. Name of Corporation
ISLAND POND, INC.

3. Street Address Principal Business Office

Box 646 Cornneck Rd

City **Block Island** State **RI**

Zip **02807**

4. Business Phone No.

401-4665572

5. State of Incorporation
RHODE ISLAND

6. SIC Code
3095

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

Bar - opened Seasonally approx June 20 - Saturday

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

President Name

Vice President Name

Cliff Payne

Street Address

Street Address

Box 646 Cornneck Rd

City **Block Island** State **RI** Zip **02807**

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip

City State Zip

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

Director Name

Director Name

Same

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

600 NO PAR VALUE

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

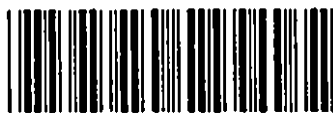
ISSUED SHARES

Number of Shares Class/Series Par Value

600

None

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



* 1 1 5 0 8 6 *

FILED

File Date: Feb 05 2001

Check No.: By 1169

By: _____

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 Cliff Payne Date 1-9-001

Print or Type Name of Officer Cliff Payne

Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 Cornneck Road City Block Island State RI Zip 02807
4. Business Phone No. 401-4665572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island _____

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

President Name <u>Clif Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>0</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>0</u>

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

File Date: PAID

Check No.: OCT 23 2000

By: SECRETARY OF STATE

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 Clif Payne Date April 4, 2000
Print or Type Name of Officer Clif Payne
Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. - 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Box + lounge

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

President Name Clif Payne Vice President Name
Street Address Box 646 Street Address
City Black Island State RI Zip 02807 City State Zip
Secretary Name
Street Address
City State Zip

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

Director Name Clif Payne Director Name
Street Address Box 646 Street Address
City Black Island State RI Zip 02807 City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1000	C	none

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

ISSUED SHARES	Class/Series	Par Value
1000	C	none

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

PAID

File Date: OCT 23 2000

Check No.: 2593

By: Clif Payne

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 Clif Payne Date 3-14-00
Print or Type Name of Officer Clif Payne
Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island Boat lounge

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

President Name <u>Cliff Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

File Date: PAID 100.00 10/23/2000

Check No: 1000

By: SECY OF STATE

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 Cliff Payne Date 3-14-00
Print or Type Name of Officer Cliff Payne
Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Fishland Pond Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Boat lounge

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

President Name <u>Clif Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

File Date: PAID OCT 23 2000
Check No.: 25
By: SEC'Y OF STATE
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 Clif Payne Date 3-14-00
Print or Type Name of Officer Clif Payne
Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + Lounge

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

President Name <u>Cliff Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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	Class/Series	Par Value
Number of Shares		
<u>1800</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>1000</u>	<u>C</u>	<u>none</u>

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

File Date: PAID 100.00 BY 06 11 17 2000

Check No.: OCT 23 258930

By: SECRETARY OF STATE

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 Cliff Payne Date 3-14-00

Print or Type Name of Officer Cliff Payne

Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-4665572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + Lounge

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

President Name <u>Cliff Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID
File Date: OCT 23 2000
Check No.: SECY OF STATE
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.

Cliff Payne 3-14-00
Signature of Officer Date
Cliff Payne
Print or Type Name of Officer
president
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3815
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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

President Name <u>Clif Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000 00. 11 6E 11 17 870

Check No.: SECY OF STATE

By: Clif Payne RECEIVED

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 Clif Payne Date 3-14-00

Print or Type Name of Officer Clif Payne

Title of Officer president



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1993

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Boat lounge

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

President Name <u>Cliff Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000

Check No.: 100 25735

By: Cliff Payne

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 Cliff Payne Date 3-14-00

Print or Type Name of Officer Cliff Payne

Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1992
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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

President Name <u>Clif Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <u>Clif Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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	Class/Series	Par Value
1000	C	none

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

ISSUED SHARES	Class/Series	Par Value
1000	C	none

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

PAID

File Date: OCT 23 1992 00, MAR 11 12 PM

Check No.: 102893

By: Clif Payne RECEIVED

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: Clif Payne Date: 3/14/00

Print or Type Name of Officer: Clif Payne

Title of Officer: President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1991
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-4665572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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

President Name <u>Clif Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <u>Clif Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000

Check No.: 100
SECY OF STA

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.

Clif Payne 3/14/00
Signature of Officer Date
Clif Payne
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1990

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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

President Name <u>Clif Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 1990
Check No.: SECY OF STATE
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.

Clif Payne 03/14/00
Signature of Officer Date
Clif Payne
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1989

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

4. Business Phone No.

5. State of Incorporation

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

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

President Name

Vice President Name

Street Address

Street Address

City State Zip

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip

City State Zip

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

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

1800 C none

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000 C none

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

PAID

File Date: OCT 23 2000

Check No.: SEC'Y OF STATE

By: 11/10/2000

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: Clif Payne Date: 3/14/00

Print or Type Name of Officer: Clif Payne

Title of Officer: president



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1988
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Fish Pond Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + Lounge

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

President Name <u>Cliff Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <u>Cliff Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000 00. 47 66 11 12 24

Check No.: 1029930 SECY OF STATE RECEIVED

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.

Cliff Payne 3/14/00
Signature of Officer (Date)
Cliff Payne
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1987

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

4. Business Phone No.

5. State of Incorporation

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

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

President Name

Vice President Name

Street Address

Street Address

City

City

Secretary Name

Treasurer Name

Street Address

Street Address

City

City

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

Director Name

Director Name

Street Address

Street Address

City

City

Director Name

Director Name

Street Address

Street Address

City

City

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000

C

none

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

C

none

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

File Date: PAID

CO. WA 6E 11 17 MAR

Check No.: 10223

SECRETARY OF STATE
RECEIVED

By: SECY
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.

Clif Payne
Signature of Officer

3/14/00
Date

Clif Payne
Print or Type Name of Officer

president
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1986
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-4665572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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

President Name <u>Cliff Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000

Check No. 152930

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.

Cliff Payne 3/14/00
Signature of Officer Date

Cliff Payne
Print or Type Name of Officer

president
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1985

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond, Inc.
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095

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

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

President Name <u>Clif Payne</u>	Vice President Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name
Street Address <u>Box 646</u>	Street Address
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000 00. RM 6E 11 17 80W

Check No.: SECY OF STATE 1025935 RECEIVED

By: _____
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 Clif Payne Date 3/14/00

Print or Type Name of Officer Clif Payne

Title of Officer President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1984

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Block Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095

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

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

President Name <u>Cliff Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Cliff Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 2000

Check No.: SECY OF STATE

By: _____
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.

Cliff Payne 03/14/00
Signature of Officer Date
Cliff Payne
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1983

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

4. Business Phone No.

5. State of Incorporation

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

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

President Name

Vice President Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

1000

C

none

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

C

none

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

PAID

File Date: OCT 23 2000

Check No.: SECY OF STATE

By: 110 2599

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: Clif Payne Date: 3/14/00

Print or Type Name of Officer: Clif Payne

Title of Officer: president



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1982
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-466-5572 5. State of Incorporation RI 6. SIC Code 3095

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

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

President Name <u>Clif Payne</u>	Vice President Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Clif Payne</u>	Director Name _____
Street Address <u>Box 646</u>	Street Address _____
City <u>Black Island</u> State <u>RI</u> Zip <u>02807</u>	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
<u>1000</u>	<u>C</u>	<u>none</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>C</u>	<u>none</u>

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

PAID

File Date: OCT 23 1980 00. 44 08 11 17 834

Check No. 1000

By: 2529 30 RECEIVED

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.

Clif Payne 3/14/00
Signature of Officer Date

Clif Payne
Print or Type Name of Officer

President
Title of Officer



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PAID

OCT 23 2000

SECY OF STATE

File Date: _____

Check No.: _____

By: _____

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.

Cliff Payne 3/14/00
Signature of Officer Date

Cliff Payne
Print or Type Name of Officer

President
Title of Officer



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PAID

File Date: 00, 11, 03, 11 OCT 23 2000

Check No. _____ SECY OF STATE

By: _____
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

Clif Payne 3-14-00
Signature of Officer Date
Clif Payne
Print or Type Name of Officer
President
Title of Officer



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1. Corporate ID No. _____ 2. Name of Corporation Island Pond Inc
3. Street Address Principal Business Office Box 646 City Black Island State RI Zip 02807
4. Business Phone No. 401-4665572 5. State of Incorporation RI 6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + lounge

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Signature of Officer Date

Clif Payne
Print or Type Name of Officer

President
Title of Officer



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Clif Payne 3-14-00
Signature of Officer Date
Clif Payne
Print or Type Name of Officer
President
Title of Officer