

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

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

Corporate ID No. 82998	2. Name of Corporation				
Street Address Principal Business	Bristol Harbor	Group, Inc.	City	State	Zip
	Squash P	<u> </u>	Bristol	RP	02809
	4318	5. State of Incorporation RHODE ISLAND			6 SIC Code 7518
Brief Description of the Characte TO PROVIDE A NAVAL	r of Business Conducted in DESIGN SERVICES I	Rhode Island NCLUDING THE DESIGN	LOE BRODUCTS TO BE US	FD IN 7115 MAGING 540.00	
AND INDUSTRY	S OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) EILLIN	ED IN THE MARINE ENVI	
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Barrington	State RI	02806	Briste1	State	07.X09
And rew	Tyska	·	Cory C.	Wood.	
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23 Bear	ner R	<u> </u>	Sirvei Address 52 Cons	titutian S	o4 .
Salling len	State	02806	Bristel	State RT	02809
Andlews	TYSKO		Director Name		
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Signature of Officer

Date



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

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Corporate II) No.	2. Name of Corporation				
82998 Street Address Principal Business C	Bristol Harbor	Group, Inc.	Cuy	State	Zip
103 POPPASQU	~		BRISTOL	RI	02809
Business Phone No 43/8	}	5. State of Incorporation			6 SIC Code
401.253 ACHIA	7	RHODE ISLAND			7518
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GREGORY W.	BEERS	·	CORY CIC	JOOD	
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23 155AVUL	KOHS	la:	52 Coust	STRET	770
BARRINGTON	State	02 <i>806</i>	BRISTOL	State RI	2809
retary Name A 1502 17 3	 Na I a A		Treasurer Name	W00D	
nvei Address	775		Street Address		
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BARRINGTON	State RI	02 <i>806</i>	BRISTOL	State RT	^{z.ip} 02809
irector Name	1/4.44		Director Name		
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0,05			Signature of Officer)	Date
Check No. <u>2305</u>			CHEZOL	W. Bross	
bo (&)			Print or Type Name		
,			PRESUR	No.	
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer		
					Form 620 Pay 12//



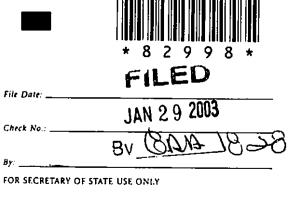
Edward S. Inman, III, Secretary of State 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Corporations Division

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.



	a U, corporation	•			
82998	Bristol Harbor	Group, Inc.			
3. Street Address Principal Business Offic	r	•	City	State	Zip
4. Business Phone No.	ISQUASH	NOAD S. State of Incorporation	BRISTOL	State RI	02809 6. SIC Code
40/-253-43/6	3 Usiness Conducted in R.	RHODE ISLAND			7518
MARINE DE					
8. NAMES AND ADDRESSES President Name	OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
Street Address 23 Brand	Beens or Road		CORY WOO		
	<u>.</u> .		52 CONST.	ITUTION STR	EET
Barrington	R I	02806	SI CONST. BRISTOL	State P/	02809
Secretary Name _A			Trensurer Name	• •	• • • • • • • • • • • • • • • • • • • •
Street Address Thew Tysk			Street Address		
72 KING BRISTOL	Phillip		52 CONST	ITUTION STR	EET
City	itate D/	Zip	BRISTOL	State	71=
DRISTOL	X /	02809	BRISTOL	N/	02809
Director Name	OF THE DIRECT	TORS ("X" BOX FOR ATTAC		BEFORE USING ATTAC	HMENTS
_	<i>1</i> 3		Director Name CORY WOO	Λ	
Stieet Addiess	· Pre	/3	Street Address	_	
23 Braver	Road		SI CONSTI	TOTION STR	EET
City	tate	Zip	City	State	Zip
City 23 Braver s	R1	02806	Director Name	M	02809
Andrew Tys.	Ku				
Street Address			Street Address		
CHY 72 KING,	Phillip				
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4,000 COMM NO PAR VALUE			180	COMMON	LO Par
his report must be signed in	n ink by either	the President, Vice Pr	esident, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Truste



Under penalty of perjury, I do	eclare and affirm that I have examined
this report, including any acc	companying schedules and statements, and
that all statements copiained	
	1/27/03
Sanature of Officer	Date
Q1-404 W.	Beers
Print or Type Name of Officer	
- Liesidest	
Title of Officer	Form 630 12/02
د دهمین	101111130 12102



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 • Filing Fee: \$50.00

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PLEASE	READ
INSTRUC	CTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 82998 Bristol Harbor Group, Inc. 3. Street Address Principal Business Office 5. State of Incorporation **RHODE ISLAND** 7518 DESIGN OFFICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City Stote ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State Zip City State Z.ip City State Zip City State 7.10 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESTATE CHARKS Number of Shares Class/Series Par Volue Number of Shares 4,000 COMM NO PAR VALUE

resident, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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heck No.:	1444
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FOR SECRETARY OF STATE USE ONLY

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 compained herein a	ire true and correct.
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2	0474003
Signature of Officer	Date
Cility W. Brook	۲۲
Print or Type Name of Officer	
PREZIDENT	
Title of Officer	
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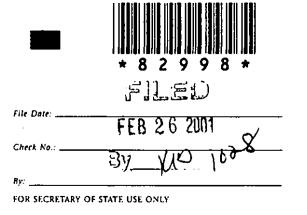
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation 82998 FG-MARINE DESIGN, INC. HARBOR GROUP 3. Street Address Principal Business Office State Poppasauast 103 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 401 253 4318 7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN OFFICE MARINE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name OKY WOOD (SREGORY CONSTITUTION 02809 02860 BRISTON ANDREW Street Address Street Address City Zie State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Street Address Street Address City State Zip City State Director Name Director Name City State City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 4,000 SHS COMM NO PAR VAL 180

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

Title of Officer



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

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(a Was)	2-23-01
Signature of Officer	Date
CORY WOOD	
Print or Type Name of Officer	
VICE PRESIDENT	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

1. Corporate ID No. 82998	2. Name of Corpo FG MARIN	E DESIGN, INC.			
3. Street Address Principal Busines.	s Office		BRISTOL	State R I	Zip A1 O A
4. Business Phone No.		RD 5. State of Incorporation	1	K I	02809
401 . 253. 43.		RHODE ISLAN	D		°7518"
7. Brief Description of the Characte MALINE		In Rhode Island			
8. NAMES AND ADDRES	SSES OF THE OF	FICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name	•		Vice President Name		
GREG BEERS Street Address			CORY V	J00P	
38 RIDGE S	T			1=11=041 E	
PAW TUCKET	State	Zip	City CONST	ITUTION ST State RI	Zip
PAW TUCKET	RI	02860	BRISTOL	\mathcal{L}_1	02809
Secretary Name ANDY TY:	~ v 1)		Treasurer Name		
Street Address	5K#		CORY U	JOP	
HNDY TY: The Address KING POTTY BRISTOL	HILLIP	AUE			
City Page 1	State P	Zip	City	State	Zip
BRISTOL NAMES AND ADDRES	(\	02001			
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECIORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
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treet Address			Street Address		
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Director Name	•		Director Name		:
treet Address			Street Address		
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4,000 SHS COMM NO	D PAR VAL		180	Comm	NO PAR
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date:		<u> </u>
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FOR SECRETARY	OF STATE USE ONL	У

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.

that all statements contained herein a	
Ca Wood	2-27-00
gnature of Afficer	Date
CORY WOOD	

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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FORM MUST BE TYPED IN	BLACK)				1.5150
L. Corporate ID No	2 Name of Co				
82998 3 Street Address Principal Busin	FG MAR	INE DESIGN, INC.	. .		į
103 POPPASO		RD	BRISTOL	State OT	210
4 Business Phone No.	RUNDA	5 State of Incorporation		KI	02809
401 253 4318		RHODE ISLA	ND		6: SIC Code 7518 - 4
7. Brief Description of the Chara		ted in Rhode Island			-
	DESIGN	•			j
President Name	ESSES OF THE C	OFFICERS ("X" BOX FOR ATTA	CHMENT) ! FILL IN SPACE Vice President Name	S BEFORE USING AT	TACHMENTS E
GREG B	EERS		/1 .	000	
Street Addilss	_		Street Address		
38 RIDGE	Sr		. 17 BUR	NSIDE ST	
PAWTUCKET	State PT	Z1p	City P	State	Zip -C
Secretary Name	7-	02000	BRISTOL Treasurer Name	X.L	02807
ANDREW	TrskA			POOD	
Street Address			Street Address		· <u>-</u> <u>*</u>
_17 BURNSID		_	•		1
BRISTOL	State	Zip 12819	City	' State	Zip
9. NAMES AND ADDRI	ESSES OF THE D	IRECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING	د هجا مدس <u>ب برانس جحج</u>
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his report must be sig	ned in ink by e	ither the President, Vice	President, Secretary, Ass.	Stant Secretary Tre	Pastiror Deceivor or Tr
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	* 8 2 9 9 8 *	Under penalty of perjury
File Date	PAID	this report, including ar that all statements cont.
Check No.:	FEB 2 4 1999	Signarme of Officer
ву: <u>1413</u>	SECTY OF STATE	CORY WO.
FOR SECRETARY OF ST	ATE USE ONLY	VICE P

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that attractements contained herein are true and correct.

Signature of Officer

ORY WOOD

Print of Type Name of Officer

Title of Officer

Title of Officer



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

998 STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 82998 FG MARÍNE DESIGN, INC. 3. Street Address Principal Business Office 18 BURNSIDE STREET 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code **7518** 401 7. Brief Description of the Character of Business Conducted in Rhode Island MARINE DESIGN OFFICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name JAMES CRINER IFRCE ANDREY CORY 15R18-121 028O9 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name HOVE Street Address Street Address Cliv City State Zip Director Name Director Name Street Address Street Address City State 210 State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESTUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 4,000 SHS COMM NO PAR VAL

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

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File Date:	-1-98
Check No.:	1263
Ву:	AMP
FOR SECRETARY OF S	STATE USE ONLY

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Under penalty of perjury, I declare and a	affirm that I have examined
this report, including any accompanying	g schedules and statements, an
that all statements contained herein are	true and correct.
Cory Wood	4/30/98
Signature of Officer	Date
CORY WOOD	
Print or Type Name of Officer	<u> </u>
TREASURER	
Title of Officer	



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

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

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(FORM MUST BE TYPED IN BL					BEFORE COMPLETING THIS FORM
1. Corporate ID No. 82998	2. Name of Corporation FG MARINE I				
3. Street Address Principal Busines	ss Office		City	State	Zip
18 BURN	SIDE STRE	ET	BRISTOL	RI	02809
4. Business Phone No. 40 253 4	_	5. State of Incorporation RHODE ISLAND)		6. SIC Code 7518
	rine Des	IGN			
B. NAMES AND ADDRE	SSES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT)		
President Name	12		Vice President Name	-	
GREG Street Address	BEERS		Street Address	-RINER	
1.47	IRCE ST		1 BURNS	SIDE ST	
City	State	Zip	City	State	Zip
CAST GREEN WICH	H RI	02818	BRISTOL Treasurer Name	RI	02809
ANDY T	TSKA		CORY W	1000	
The Burns	ME ST		Street Address 17 BURNSI	Œ ST	
BRISTOL	State RT	ziø 62.809	City	State RI	^{zip} 02809
. NAMES AND ADDRES	SSES OF THE DIRECT		CHMENT)	1	
Director Name		, O 10 ()	Director Name		
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treet Address			Street Address	•	
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Director Name			Director Name		• .
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By:	CATAL	(Prin
	OF STATE USE ONLY	7701-

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.

that all statements contained herein ar	e true and correct.
Con Wood	2-24-97
Signature of Officer	Date
CORY WOOD	
Print or Type Name of Officer	
TREASURER	
Title of Officer	

PHOFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

I. CORPORATE ID NO	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		·
82998	FG MAR	RINE DESIGN, IN	c.		
3 STREET ADORESS PROVOPAL BUSINESS OF			an	STATE	ZIP COOE
18 BUR	NSIDE	STREET	! BRISTOL	· RI	02809
		5. STATE OF INCORPORATION			6. SC 000E
(401) X53	-4318	RHODE IS	DLAND		7518
7. BRIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHODE IS	ONLE			1 /0/0
ENGINEERIN	- FOR THE	- MARINE	ENVIRONMENT	- -	
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PRESIDENT NAME	-		ESSES OF THE OF	FICERS	in the second se
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wii /	STATE	/ KCC/	_\ <u></u> ///\(\sigma_\)\(\omega_\)	RUSIDE ST	TREET
BRISTOL	RT	02809	1 5/ -		ZP CODE
SECRETARY NAME			TRASURER NAME		02809
STREET ADDRESS	T. TYSKA	<u> </u>	STREET AUDITLESS	C. Wa	D.
17 Buk	DUSIDE S	STREET TO CODE	17 B	DUSIDE	- STRIET
BRISTOL	RI	02809	BR1570	STATE RI	02809
DIRECTOR NAME	M A M . B	ES AND ADDR		RECTORS	
"NOX	UE"		ORRECTOR HAME	ONE"	
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	Thie	renort must be SIGI	MED IN INIV by alab - 1 to		

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and report, including any accompanying so all statements contained herein are true	daffirm that I have examined this thedules and statements, and that e and correct.

File Date: 1-12-96

Check No: 1021

Signature of Officer

Check No: 1021

Print or Type Name of Officer

PARK, DELLE

1/10/96

For Secretary of State Use Only

Ву: