



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

**FILED**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98884		2. Name of Corporation PROVIDENCE RIVER BOAT CO.			By <u>AMW</u> JUN 24 2005	
3. Street Address Principal Business Office 142 LANGDON STREET			City PROVIDENCE	State RI	Zip 02904	6. SIC Code 69816
4. Business Phone No. 4017384500		5. State of Incorporation RHODE ISLAND			7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE WATER TAXI, CHARTER SERVICES, FERRY SERVICE, AND TOURS OF WATERWAYS.	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name THOMAS MCGINN, JR.			Vice President Name THOMAS MCGINN, JR.			
Street Address 142 LANGDON STREET			Street Address SAME			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip	
Secretary Name THOMAS MCGINN, JR.			Treasurer Name THOMAS MCGINN, JR.			
Street Address SAME			Street Address SAME			
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	
100	NO PAR VALUE		100	COMMON	NO PAR VALUE	

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



9 8 8 8 4

\*98884 DBC 06/23/05 11:13:22 AM\*

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.

Thomas McGinn, Jr. 6/23/05  
Signature of Officer Date  
Thomas McGinn, Jr.  
Print or Type Name of Officer  
President  
Title of Officer



**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 98884		2. Name of Corporation PROVIDENCE RIVER BOAT CO.			
3. Street Address Principal Business Office 140 HARCH ST			City PROV	State R.I.	Zip 02906
4. Business Phone No. 401 458 2628		5. State of Incorporation RHODE ISLAND		6. SIC Code 6551	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE WATER TAXI, CHARTER SERVICES, FERRY SERVICE, AND TOURS OF WATERWAYS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH DEMPSEY			Vice President Name N/A		
Street Address 140 HARCH ST			Street Address		
City PROV	State R.I.	Zip 02906	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
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
100 NO PAR VALUE			0	N/A	N/A

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



\* 9 8 8 8 4 \*

File Date **FILED**  
Check No. **MAY 21 2004** *OW*  
By: **By 1809 GSA**  
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.

*Joseph B Dempsey* 3/1/04  
Signature of Officer Date  
**JOSEPH B DEMPSEY JR**  
Print or Type Name of Officer  
**TRES**  
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. **98884** 2. Name of Corporation **PROVIDENCE RIVER BOAT CO.**  
3. Street Address Principal Business Office **140 LARCH ST** City **PROV** State **R.I** Zip **02906**  
4. Business Phone No. **274 8377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**BOAT CHARTERS + WATER TAXI**

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

President Name <b>CAPT. JOSEPH DEMPSEY</b>	Vice President Name <b>N/A</b>
Street Address <b>140 LARCH ST.</b>	Street Address <b>N/A</b>
City <b>PROV</b> State <b>R.I.</b> Zip <b>02906</b>	City <b></b> State <b></b> Zip <b></b>
Secretary Name <b>N/A</b>	Treasurer Name <b>N/A</b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

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

Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address <b>N/A</b>	Street Address <b>N/A</b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>
Director Name <b></b>	Director Name <b></b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO 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



\* 9 8 8 8 4 \*

**FILED**

File Date: **JUN 26 2003**

Check No.: **3V 1773 GAM**

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.

**Capt. Joseph B. Dempsey Jr** 2/1/03  
Signature of Officer Date

**CAPT. JOSEPH B. DEMPSEY JR**  
Print or Type Name of Officer

**PRES.**  
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. **98884** 2. Name of Corporation **PROVIDENCE RIVER BOAT CO.**  
3. Street Address Principal Business Office **140 WARCH ST** City **PROV** State **RI** Zip **02906**  
4. Business Phone No. **401 274 8377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**  
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 <b>JOSEPH B. DEMPSEY JR</b>	Vice President Name
Street Address	Street Address
City <b>PROV</b> State <b>RI</b> Zip <b>02906</b>	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
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  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

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



\* 9 8 8 8 4 \*

File Date: 02-11-02  
Check No.: 1710  
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.

Joseph B. Dempsey Jr 1/21/02  
Signature of Officer Date  
JOSEPH B. DEMPSEY JR  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**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. **98884** 2. Name of Corporation **PROVIDENCE RIVER BOAT CO.**

3. Street Address Principal Business Office **140 LARCH ST** City **PROV** State **RI** Zip **02906**  
4. Business Phone No. **274 8377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**

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

**BOAT CHARTER + WATER TAXI + TOUR BOAT**

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

President Name <b>JOSEPH B. DEMPSEY, JR</b>	Vice President Name
Street Address <b>140 LARCH ST</b>	Street Address
City <b>PROV</b> State <b>RI</b> Zip <b>02906</b>	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
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  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

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



File Date: 5-22-01  
Check No.: 1617  
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: Joseph B. Dempsey, Jr Date: 3/1/01  
Print or Type Name of Officer: JOSEPH B. DEMPSEY, JR  
Title of Officer: PRES



**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. **98884** 2. Name of Corporation **PROVIDENCE RIVER BOAT CO.**  
3. Street Address Principal Business Office **140 LARCH ST.** City **PROV** State **R.I.** Zip **02906**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**WATER TAXI / CHARTER BOAT**

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

President Name <b>CAPT. JOSEPH B. DEMPSEY, JR</b> Street Address <b>140 LARCH ST</b> City <b>PROV</b> State <b>R.I.</b> Zip <b>02906</b>	Vice President Name <b>NONE</b> Street Address  City _____ State _____ Zip _____
Secretary Name  Street Address  City _____ State _____ Zip _____	Treasurer Name  Street Address  City _____ State _____ Zip _____

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

Director Name <b>NONE</b> 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  
**100 NO 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



\* 9 8 8 8 4 \*

File Date: 1/7/00

Check No.: 1508

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: Joseph B. Dempsey, Jr Date: 1/11

Print or Type Name of Officer

Title of Officer



**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. **98884** 2. Name of Corporation **PROVIDENCE RIVER BOAT CO.**

3. Street Address Principal Business Office **140 WARCH ST** City **PROV** State **R.I** Zip **02906**  
4. Business Phone No. **274 8377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**

7. Brief Description of the Character of Business Conducted in Rhode Island **WATER TAXI / BOAT CHARTERS**

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

President Name <b>JOSEPH B DEMPSEY JR</b>	Vice President Name <b>NONE</b>
Street Address <b>140 WARCH ST</b>	Street Address <b>NONE</b>
City <b>PROV.</b>	City <b>NONE</b>
State <b>R.I</b>	State <b>NONE</b>
Zip <b>02906</b>	Zip <b>NONE</b>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b>	City <b>NONE</b>
State <b>NONE</b>	State <b>NONE</b>
Zip <b>NONE</b>	Zip <b>NONE</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO 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



File Date: 1-19-99  
Check No.: 1400  
By: AMF

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: Joseph B Dempsey Jr Date: 1/14/99  
Print or Type Name of Officer: JOSEPH B DEMPSEY JR  
Title of Officer: PRES