



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110067		2. Name of Corporation PLATTINUM BOAT WORKS, INC.			
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JON PLATT			Vice President Name JON PLATT		
Street Address 330 MAIN STREET, #392			Street Address 330 MAIN STREET, #392		
City WAKEFIELD	State MA	Zip 01880	City WAKEFIELD	State MA	Zip 01880
Secretary Name JON PLATT			Treasurer Name JON PLATT		
Street Address 330 MAIN STREET, #392			Street Address 330 MAIN STREET, #392		
City WAKEFIELD	State MA	Zip 01880	City WAKEFIELD	State MA	Zip 01880
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JON PLATT			Director Name		
Street Address 330 MAIN STREET, #392			Street Address		
City WAKEFIELD	State MA	Zip 01880	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NO PAR VALUE
			THIS SECTION IS TO BE COMPLETED BY THE CORPORATION		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

MAR 05 2008

File Date By \_\_\_\_\_

Check No. DS 17600

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 Date 2/25/08

JON PLATT  
Print or Type Name

PRESIDENT  
Title