



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St.  
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\*

\* 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 158500		2. Name of Corporation Nicholas Koenig Company			
3. Street Address Principal Business Office 155 Sunbury Street			City Providence	State Rhode Island	Zip 02908
4. Business Phone No. 263-9894		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Marine COstruction Consultant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas Koenig			Vice President Name Nicholas Koenig		
Street Address 5618 Merritt Brown Road			Street Address 5618 Merritt Brown Road		
City Panama City	State Florida	Zip 32404	City Panama City	State Florida	Zip 32404
Secretary Name Nicholas Koenig			Treasurer Name Nicholas Koenig		
Street Address 5618 Merritt Brown Road			Street Address 5618 Merritt Brown Road		
City Panama City	State Florida	Zip 32404	City Panama City	State Florida	Zip 32404
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas Koenig			Director Name		
Street Address 5618 Merritt Brown Road			Street Address		
City Panama City	State Florida	Zip 32404	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		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMMON NO PAR VALUE			NONE		

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.

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.

*Nicholas Koenig* 4/7/08  
Signature Date  
Nicholas Koenig  
Print or Type Name  
President  
Title

File Date **FILED**  
Check No. **MAY 19 2008**  
By: **3402 & 3436**  
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