



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. 62952 2. Name of Corporation American Shipyard Corporation
3. Street Address Principal Business Office One Washington Street City Newport State RI Zip 02840
4. Business Phone No. 401 846-6000 5. State of Incorporation Rhode Island 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island Ship Repair

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

President Name <u>David W. Ray</u> Street Address <u>One Washington Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>	Vice President Name <u>Richard Wilkinson</u> Street Address <u>One Washington Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Secretary Name <u>Steven M. McInnis</u> Street Address <u>38 Bellevue Avenue</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>	Treasurer Name <u>Thomas C. Rich</u> Street Address <u>One Washington Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>

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

Director Name <u>David W. Ray</u> Street Address <u>Same as above</u> City _____ State _____ Zip _____	Director Name <u>Charles A. Dana, III</u> Street Address <u>One Washington Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Director Name <u>Thomas C. Rich</u> Street Address <u>Same as above</u> City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
2,500	Common	No Par

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

ISSUED SHARES	Class/Series	Par Value
2,500	Common	No Par

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

File Date: Mar 19, 1999
Check No.: 826
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.
AMERICAN SHIPYARD CORPORATION

Signature of Officer [Signature] Date 2/26/99
Thomas C. Rich
Print or Type Name of Officer
Treasurer
Title of Officer