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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 2009

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.	2. Name of Corporation			
64017	NORTHERN STAR MARINE, INC.			
3. Street Address Principal Business Office		City	State	Zip
1665 Hartford Avenue, Suite 34		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
(401) 228-3305	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MARINE SERVICE AND SHIP SUPPLY

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Dorothy E. Moniz			Jonathan D. Moniz		
Street Address			Street Address		
120 Bretton Woods Drive			~~33F Dale Avenue~~ 12 Emerson Court		
City	State	Zip	City	State	Zip
Cranston	RI	02920	~~Johnston~~ West Warwick	RI	~~02919~~ 02893
Secretary Name			Treasurer Name		
Dorothy E. Moniz			Dorothy E. Moniz		
Street Address			Street Address		
120 Bretton Woods Drive			120 Bretton Woods Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Dorothy E. Moniz					
Street Address			Street Address		
120 Bretton Woods Drive					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2000 Common No Par Value		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
751	Common	No Par Value

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.

[redacted] [redacted]

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.

Dorothy E. Moniz 2/24/09
Signature *Date*

Dorothy E. Moniz
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 02 2009
Check No. By 1800
By:
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30847-6-354592

Form 630 Rev. 12/06