



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 2011

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. 35243		2. Name of Corporation RHODE ISLAND MOORING SERVICES, INC.			
3. Street Address Principal Business Office 15 PATROL ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-295-2502		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MOORINGS AND RELATED SERVICES FOR PLEASURE AND COMMERCIAL VESSELS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD DESALVO			Vice President Name JOHN L. SWEENEY		
Street Address PO BOX 623			Street Address 134 AQUIDNECK AVENUE		
City JAMESTOWN	State RI	Zip 02835	City MIDDLETOWN	State RI	Zip 02842
Secretary Name TURNER C. SCOTT			Treasurer Name JOHN L. SWEENEY		
Street Address 122 TOURO STREET			Street Address 134 AQUIDNECK AVENUE		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR

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.

RHODE ISLAND MOORING SER. INC.
File Date FILED
Check No. FEB 02 2011
By: [Signature]
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] 1/26/11
Signature Date
RICHARD DESALVO
Print or Type Name
PRESIDENT
Title

29136