



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

Division Of Business Services
 148 W. River Street
 Providence RI 02904-2615
 (401) 222-3040

Fee: \$50.00

[LOGOUT](#)

Business Corporation Annual Report
 Filing Period: January 1 - March 1

 Help with this form

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.

ANNUAL REPORT YEAR:

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office:

No. and Street:

City or Town: State: Zip: Country:

4. Business Phone No.

5. State of Incorporation

State:

6. Brief Description of the Character of Business Conducted in Rhode Island

FILED

MAR 28 2011

By *MNC*

CH # 2953

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	ROBERT A D'ANTUONO	10 BASSETT CIRCLE EAST GREENWICH, RI 02818 USA

Select From Below Title: _____

First Name: SAME Middle Name: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP	<u>Common</u>	\$0.00	1,000.00	100.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: ROBERT D'ANTUONO

Business Name: GREENWICH COVE MARINA

No. and Street: 45 WATER ST PO Box 1651

City or Town: EG State: RI Zip: 02818 Country: US

Contact Phone: 401 885 6011 ext: _____

Contact Email: _____

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of March, 2011 at 11:49:57 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By [Signature] PRESIDENT
Signature of Authorized Representative of the Corporation

FILED
MAR 28 2011
By [Signature]
ID # 34023