STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **35243**	2. Exact name of the Corporation **RHODE ISLAND MOORING SERVICES, INC.**		
3. Principal office address **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**			

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**

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 MAR -5 PM 12:03

	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	COMMON	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.

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.

2/29/12

Signature of Authorized Representative — Date

TURNER C. SCOTT

Print or Type Name of Authorized Representative

FILED 1203
MAR 05 2012
BY R 165501

Form No. 630
Revised: 01/2012
74021-3-729810