



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
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

FILED 1203

Signature of Authorized Representative

Date

TURNER C. SCOTT

Print or Type Name of Authorized Representative

MAR 05 2012

BY RL 165501