



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 2013

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. 126181		2. Exact name of the Corporation CJB MARINE, INC.						
3. Principal office address 105 Amesbury Lane		City Little Compton	State RI	Zip 02837				
4. Business Phone No. 401-635-4029		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island To engage in the business of marine service and repair.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Craig J. Brimicombe			Vice-President Name Adrienne Brimicombe					
Street Address 105 Amesbury Lane			Street Address 105 Amesbury Lane					
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837			
Secretary Name Adrienne Brimicombe			Treasurer Name Craig J. Brimicombe					
Street Address 105 Amesbury Lane			Street Address 105 Amesbury Lane					
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Craig J. Brimicombe			Director Name Adrienne Brimicombe					
Street Address 105 Amesbury Lane			Street Address 105 Amesbury Lane					
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837			
Director Name			Director Name					
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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 2013

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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.

Craig J. Brimicombe 1/25/13
Signature of Authorized Representative Date

Craig J. Brimicombe

Print or Type Name of Authorized Representative