



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. 322772		2. Exact name of the Corporation VIGILANT MARINE SERVICES, INC.	
3. Principal office address 16 George Street		City Cranston	State RI
4. Business Phone No. (401)781-8544		Zip 02905	
5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Marine salvage, towing, rescue and other services.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Kevin D. Scott		Vice-President Name Denise Scott	
Street Address 16 George Street		Street Address 16 George Street	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Secretary Name Kevin D. Scott		Treasurer Name Denise Scott	
Street Address 16 George Street		Street Address 16 George Street	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Kevin D. Scott		Director Name	
Street Address 16 George Street		Street Address	
City Cranston	State RI	City	State
Zip 02905		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100		CLASS/SERIES Common	PAR VALUE No Par Value

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.

FILED

FEB 06 2013

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.

BY

3492

Signature of Authorized Representative

Date

Kevin D. Scott

Print or Type Name of Authorized Representative

File Date

Check No

By

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