



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	Zip 02905
4. Business Phone No. (401)781-8544		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) ("F" 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	Zip 02905	City Cranston	State RI
Secretary Name Kevin D. Scott		Treasurer Name Denise Scott		
Street Address 16 George Street		Street Address 16 George Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI
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	Zip 02905	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	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

Kevin D. Scott 1/28/13

Signature of Authorized Representative

Date

Kevin D. Scott

Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY