



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. 2115 | | 2. Exact name of the Corporation BAYVIEW MARINE, INC. | | | |
| 3. Principal office address 781 OAKLAND BEACH AVENUE | | City WARWICK | | State RI | Zip 02889 |
| 4. Business Phone No. 401-737-2522 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island MARINE SUPPLIES AND REPAIRS. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name CHARLES R. GREAVES | | | Vice-President Name STEVEN J. GREAVES | | |
| Street Address 40 NORTH SHORE STREET | | | Street Address 156 PEQUOT AVENUE | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | State RI | Zip 02889 |
| Secretary Name CHARLES R. GREAVES | | | Treasurer Name STEVEN J. GREAVES | | |
| Street Address 40 NORTH SHORE STREET | | | Street Address 156 PEQUOT AVENUE | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | State RI | Zip 02889 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| | | | 50 | 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: _____

BY

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 13 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.

Signature of Authorized Representative

Date

CHARLES R. GREAVES

Print or Type Name of Authorized Representative