



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 **2014**

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. 2417		2. Exact name of the Corporation BILLINGTON COVE MARINA, INC.			
3. Principal office address 557 Pond Street		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-284-1878		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Marina					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John D. Phillips		Vice-President Name Mary Ellen Phillips			
Street Address 557 Pond Street		Street Address 557 Pond Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary Ellen Phillips		Treasurer Name John D. Phillips			
Street Address 557 Pond Street		Street Address 557 Pond Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John D. Phillips		Director Name Mary Ellen Phillips			
Street Address 557 Pond Street		Street Address 557 Pond Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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	\$1.00	

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

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.

John D. Phillips
Signature of Authorized Representative

1/15/2014
Date

FILED

John D. Phillips

Print or Type Name of Authorized Representative

JAN 22 2014

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