



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. 540625		2. Exact name of the Corporation Tidal Enterprises, Inc.			
3. Principal office address 75 Oliver St.			City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-3188		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dock Building					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert S. Booth			Vice-President Name None		
Street Address 75 Oliver St.			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name None			Treasurer Name Cynthia D. Booth		
Street Address			Street Address 75 Oliver St.		
City	State	Zip	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
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 1.000	CLASS/SERIES STK	PAR VALUE 0.0100

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.

FILED

Cynthia D. Booth 1/26/14
 Signature of Authorized Representative Date

JAN 28 2014

Cynthia D. Booth
 Print or Type Name of Authorized Representative

BY lkh