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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.	2. Exact name of the Corporation
15251	NEW ENGLAND MARINE SUPPLY COMPANY

3. Principal office address	City	State	Zip
225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

4. Business Phone No.	5. State of Incorporation
401-785-9100	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
SHIP CHANDLERING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
HENRIETTE M. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

Vice-President Name	Street Address	City	State	Zip
JOHN R. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

Secretary Name	Street Address	City	State	Zip
HENRIETTE M. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

Treasurer Name	Street Address	City	State	Zip
HENRIETTE M. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOHN R. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

Director Name	Street Address	City	State	Zip
HENRIETTE M. NELSON	225 CHAPMAN STREET, PO BOX 9232	PROVIDENCE	RI	02940

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	No

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 _____ **FILED**

Check No _____ FEB 04 2014

By: _____

FOR SECRETARY OF STATE USE BY 795

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.

Henriette M. Nelson 1/27/2014
Signature of Authorized Representative Date

HENRIETTE M. NELSON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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