



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. 7372		2. Exact name of the Corporation MARINA REALTY, INC.			
3. Principal office address 17 Arnold's Neck Drive		City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 739-5005		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island OPERATION OF A MARINA AND ANCILLARY ACTIVITIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name John A. Dickerson, Jr.		Vice-President Name John A. Dickerson, Jr.			
Street Address 17 Arnold's Neck Drive		Street Address 17 Arnold's Neck Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name John A. Dickerson, Jr.		Treasurer Name John A. Dickerson, Jr.			
Street Address 17 Arnold's Neck Drive		Street Address 17 Arnold's Neck Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name John A. Dickerson, Jr.		Director Name Avis P. Dickerson			
Street Address 17 Arnold's Neck Drive		Street Address 17 Arnold's Neck Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		82	Common	No Par	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					

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

FILED

FEB 10 2014

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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

John A. Dickerson, Jr.

Print or Type Name of Authorized Representative