



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. 69675		2. Exact name of the Corporation WARREN RIVER BOATWORKS, INC.			
3. Principal office address 66 CHURCH STREET (MAIL: P.O. BOX 202)		City WARREN	State RI	Zip 02885	
4. Business Phone No. (401) 245-6949		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BUILDING, LAUNCHING, HAULING, STORING, SERVICING AND REPAIRING OF BOATS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name PAUL H. DENNIS			Vice-President Name PAUL H. DENNIS		
Street Address P.O. BOX 202			Street Address P.O. BOX 202		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name PAUL H. DENNIS			Treasurer Name PAUL H. DENNIS		
Street Address P.O. BOX 202			Street Address P.O. BOX 202		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name PAUL H. DENNIS			Director Name NONE		
Street Address P.O. BOX 202			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	NO PAR VALUE

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

Form No. 630
Revised: 01/2012

FILED

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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.

Paul H. Dennis 2/25/14
Signature of Authorized Representative Date

PAUL H. DENNIS, PRESIDENT

Print or Type Name of Authorized Representative