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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. Corporate ID No.	2. Name of Corporation
37816	Marina Park Asssociates, Inc

3. Street Address Principal Business Office	City	State	Zip
214 Salt Pond Road	Wakefield	RI	02879

4. Business Phone No.	5. State of Incorporation
(401) 789-4050	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Boat Dock Rentals

7. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Judith A. Baccari	260 George Waterman Rd. U -305	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Jean E. Murphy	8 Woodridge Court	Glocester	RI	02857

Secretary Name	Street Address	City	State	Zip
Dyan M. Saccoccio	30 Azalea Court	Cranston	RI	02921

Treasurer Name	Street Address	City	State	Zip
Judith A.Baccari	260 George Waterman Rd. U-305	Johnston	RI	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Judith A. Baccari	260 George Waterman Rd. U-305	Johnston	RI	02919
Dyan M. Saccoccio	30 Azalea Court	Cranston	RI	02921

Director Name	Street Address	City	State	Zip
Jean E. Murphy	8 Woodridge Court	Glocester	RI	02857

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
3000	Common	No Par

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
MAR 11 2014
BY 4608

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.

Judith A. Baccari 3-8-14
Signature of Authorized Representative Date

Judith A. Baccari
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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