



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 561134		2. Name of Corporation Allied Marine, Inc.			
3. Street Address Principal Business Office 1446 SE 16 ST			City Ft Lauderdale	State FL	Zip 33316
4. Business Phone No. 945 463 5557		5. State of Incorporation Florida			
6. Brief Description of the Character of Business Conducted in Rhode Island sales and service of new and used boats					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ferruccio Rossi			Vice President Name James Henderson		
Street Address 3663 NW 21st St			Street Address 3663 NW 21st St		
City Miami	State FL	Zip 33142	City Miami	State FL	Zip 33142
Secretary Name Tony Rodriguez			Treasurer Name		
Street Address 3663 NW 21st ST			Street Address		
City Miami	State FL	Zip 33142	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ferruccio Rossi			Director Name Tony Rodriguez		
Street Address 3663 NW 21st ST			Street Address 3663 NW 21st ST		
City Miami	State FL	Zip 33142	City Miami	State FL	Zip 33142
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series common	Par Value no par value
			THIS SECTION MUST BE COMPLETED		

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 20 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

Tony Rodriguez

Print or Type Name

Secretary

Title

Date

3/6/14