



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. 17706		2. Exact name of the Corporation NORTHEAST MARINE PILOTS, INC.			
3. Principal office address 243 Spring Street		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-847-8050		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Administrative and support services to marine pilots					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name E. Howard McVay, Jr.		Vice-President Name Vincent C. Kirby			
Street Address 273 Terrace Avenue		Street Address 17 Bryer Avenue			
City Riverside	State RI	Zip 02915	City Jamestown	State RI	Zip 02835
Secretary Name Clinton L. Walker		Treasurer Name			
Street Address 21 Madison Drive		Street Address			
City East Sandwich	State MA	Zip 02537	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name E. Howard McVay, Jr.		Director Name Vincent C. Kirby			
Street Address 273 Terrace Avenue		Street Address 17 Bryer Avenue			
City Riverside	State RI	Zip 02915	City Jamestown	State RI	Zip 02835
Director Name Clinton L. Walker		Director Name			
Street Address 21 Madison Drive		Street Address			
City East Sandwich	State MA	Zip 02537	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1500	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

Form No. 630
Revised: 01/2012

MAR 21 2014

BY 11588

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.

E. Howard McVay, Jr. 2-13-14
Signature of Authorized Representative Date

E. Howard McVay, Jr.

Print or Type Name of Authorized Representative