



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. 486053		2. Exact name of the Corporation Nispe, Inc.			
3. Principal office address 38 Bellevue Avenue, Suite H			City Newport	State RI	Zip 02840
4. Business Phone No. 509-991-1368			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PURCHASE AND OPERATION OF SAILING AND MOTOR VESSELS OF ALL KINDS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Denise Cole			Vice-President Name		
Street Address 2503 S. Pine Terrace Lane			Street Address		
City Liberty Lake	State WA	Zip 99019-3260	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Denise Cole		
Street Address 38 Bellevue Avenue, Suite H			Street Address 2503 S. Pine Terrace Lane		
City Newport	State RI	Zip 02840	City Liberty Lake	State WA	Zip 99019-3260
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Denise Cole			Director Name		
Street Address 2503 S. Pine Terrace Lane			Street Address		
City Liberty Lake	State WA	Zip 99019-3260	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01 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 _____

FILED

Check No _____

By: _____

MAR 21 2014

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.

Denise Cole 1/17/14
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY 11588

Denise Cole
 Print or Type Name of Authorized Representative