



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.

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|--|--------------------|--|---|--------------------|--------------------------|
| 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: _____

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FOR SECRETARY OF STATE USE ONLY

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.

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

Denise Cole
 Print or Type Name of Authorized Representative