



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 2015

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. 798411		2. Exact name of the Corporation East Passage Marine Services, Inc.		
3. Principal office address 75 Intrepid Lane		City Jamestown	State RI	Zip 02835
4. Business Phone No. (401) 855-1639		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Specializing in tours of Newport Harbor and surrounding coastline, excursions, sunset cruises, photo shoots, and special events. Also, vessel inspections, appraisals, and cargo surveys.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Andrea M. von Hohenleiten		Vice-President Name Christopher von Hohenleiten		
Street Address 75 Intrepid Lane		Street Address 75 Intrepid Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI
Secretary Name Andrea M. von Hohenleiten		Treasurer Name Christopher von Hohenleiten		
Street Address 75 Intrepid Lane		Street Address 75 Intrepid Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Christopher von Hohenleiten		Director Name None		
Street Address 75 Intrepid Lane		Street Address		
City Jamestown	State RI	Zip 02835	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	1-10	\$0.01

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

JAN 23 2015

1021

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.

Christopher von Hohenleiten 01/18/2015
 Signature of Authorized Representative Date

Christopher von Hohenleiten
 Print or Type Name of Authorized Representative