



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. 70995		2. Exact name of the Corporation STRIPER MARINA, INC.		
3. Principal office address 26 TYLER POINT ROAD		City BARRINGTON	State RI	Zip 02806
4. Business Phone No. (401) 245-6121		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO MANAGE REAL ESTATE AND MARINA FACILITIES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ALFRED C. ELSON		Vice-President Name NONE		
Street Address 22 TYLER POINT ROAD		Street Address		
City BARRINGTON	State RI	Zip 02806	City	State Zip
Secretary Name ALFRED C. ELSON		Treasurer Name ANNE B. LYDEN		
Street Address 2 TYLER POINT ROAD		Street Address 22 TYLER POINT ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ALFRED C. ELSON		Director Name NONE		
Street Address 22 TYLER POINT ROAD		Street Address		
City BARRINGTON	State RI	Zip 02806	City	State Zip
Director Name NONE		Director Name NONE		
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
		50	COMMON	NO PAR VALUE

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: _____

FILED

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.

Alfred C. Elson Pres 1/30/15
 Signature of Authorized Representative Date

ALFRED C. ELSON, PRESIDENT

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

FEB 04 2015

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