



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. 19620		2. Exact name of the Corporation INLAND MARINE, INC.			
3. Principal office address 612 Putnam Pike		City Chepachet		State RI	Zip 02814
4. Business Phone No. 401-568-0995		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Marine Sales and Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ross D. Lemieux			Vice-President Name Russell A. Lemieux		
Street Address 21 Ada Road			Street Address 3 Waterman Lake Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Richard E. Lemieux			Treasurer Name Randall E. Lemieux		
Street Address 5 Burgate Street			Street Address 612 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Richard E. Lemieux			Director Name Randall E. Lemieux		
Street Address 5 Burgate Street			Street Address 612 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Ross D. Lemieux			Director Name Russell A. Lemieux		
Street Address 21 Ada Road			Street Address 3 Waterman Lake Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1,000	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 05 2015

9675

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.

Ross D. Lemieux
Signature of Authorized Representative

1-30-2015
Date

Ross D. Lemieux

Print or Type Name of Authorized Representative