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.	2. Exact name of the Corporation			
19620	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

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) ☐

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
BY 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 1-30-2015
Signature of Authorized Representative — Date

Ross D. Lemieux
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012