



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual reports within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 561134		2. Name of Corporation Allied Marine, Inc.			
3. Street Address Principal Business Office 1446 SE 16 ST			City Ft Lauderdale	State FL	Zip 33316
4. Business Phone No. 945 463 5557		5. State of Incorporation Florida			
6. Brief Description of the Character of Business Conducted in Rhode Island sales and service of new and used boats					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jon Burkard			Vice President Name Tony Rodriguez		
Street Address 1445 SE 16th St			Street Address 1445 SE 16th St		
City Ft Lauderdale	State FL	Zip 33316	City Ft Lauderdale	State FL	Zip 33316
Secretary Name Tony Rodriguez			Treasurer Name		
Street Address 1445 SE 16th St			Street Address		
City Ft Lauderdale	State FL	Zip 33316	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James Henderson			Director Name		
Street Address 1445 SE 16th St			Street Address		
City Ft Lauderdale	State FL	Zip 33316	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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	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 25 2015
26049

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.

Signature: Tony Rodriguez Date: _____
Print or Type Name: Tony Rodriguez
Secretary
Title