

A. Ralph Mollis, 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 report within thirty (30) days after the time prescribed by luw (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00. 2. Name of Corporation Casey's Marina, Inc. 1. Corporate ID No. 70290 3. Street Address Principal Business Office 02840 Newport 11 Waites Wharf (PO Box 187) RΙ 5. State of Incorporation 4. Business Phone No 401 848 5945 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island to operate a marina 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name William R. Casey Street Address Street Address 11 Waites Wharf City Ó2840 RI Newport Secretary Name Treasurer Name William R. Casey Street Address Street Address 11 Waites Wharf ZipState 02840 RI Newport 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name William R. Casey Street Address Street Address 11 Waites Wharf Zin State State Zip City City RΙ 02840 Newport Director Name Street Address Street Address State ZiDZip: City State City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares Class/Series This information is currently of record in the Office of the Secretary of

no par value State. Changes require an additional filing. See Section 9 of 100 common instruction sheet. 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. Under penalty of perjur ffj**r**m that I h examined this report, including any schedule and statements, and that all statements containe correct File Date Casev Check No. \_ William R/ Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08