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
46647	GOOSEBERRY MARINA INC.

3. Principal office address	City	State	Zip
392-F GOOSEBERRY RD	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation
401-742-4176	RI

6. Brief description of the character of business conducted in Rhode Island

MARINA

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
DEBORAH J. GORDON			NONE		
Street Address			**Street Address**		
392-F GOOSEBERRY RD					
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879			
Secretary Name			**Treasurer Name**		
Street Address			**Street Address**		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
NONE			NONE		
Street Address			**Street Address**		
City	State	Zip	City	State	Zip
Director Name			**Director Name**		
Street Address			**Street Address**		
City	State	Zip	City	State	Zip

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
600	COMMON	0

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.

FILED

MAR 27 2015

BY 816

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Deborah J gordon 3/24/15
Signature of Authorized Representative   Date

DEBORAH J. GORDON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012