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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		
34023	GREENWICH COVE MARINA, INC		
3. Principal office address: 45 WATER ST.	City: EAST GREENWICH	State: R.I	Zip: 02818
4. Business Phone No.: 401-885-6611	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: MARINA SLIPS AND MOORING RENTALS			

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

President Name	Vice-President Name
ROBERT A. D'ANTUONO	SAME
Street Address: 45 WATER ST P.O. Box 1651	Street Address:
City: E. G. / State: R.I. / Zip: 02818	City: / State: / Zip:
Secretary Name	**Treasurer Name**
SAME	SAME
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
ROBERT A. D'ANTUONO	N/A
Street Address: 45 WATER ST. P.O. Box 1651	Street Address:
City: E. G. / State: R.I. / Zip: 02818	City: / State: / Zip:
Director Name: N/A	Director Name: N/A
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	Common	NO PAR

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
NOV 05 2015
BY 3457

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.

Signature of Authorized Representative — Date: 11-3-15

ROBERT A. D'ANTUONO
Print or Type Name of Authorized Representative

OWNER/PRESIDENT

Form No. 630
Revised: 01/2012

127446-1-1055423