



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 2016

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. 85377		2. Exact name of the Corporation Maritime Information Systems, Inc.					
3. Principal office address 30 Cutler Street, Suite 219				City Warren		State RI	Zip 02885
4. Business Phone No. 401 247 7780			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Provided Consulting, Contracting and Hosting Services of Maritime and Non-Maritime Companies.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Moses J Calouro			Vice-President Name None				
Street Address 30 Cutler Street			Street Address				
City Warren		State RI	Zip 02885	City		State	Zip
Secretary Name None			Treasurer Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None			Director Name 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			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.			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE	
			None	None		0.0000	

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: _____

FILED

JAN 11 2016

BY **3885**

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.

Moses J Calouro
 Signature of Authorized Representative

12-28-15
 Date

Moses J Calouro
 Print or Type Name of Authorized Representative