



**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. 000001004		2. Exact name of the Corporation THE ANCHORAGE, INCORPORATED			
3. Principal office address 57 MILLER STREET		City WARREN	State RI	Zip 02885	
4. Business Phone No. 401-245-3300		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BOAT MANUFACTURER					

<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name THEODORE F. JONES, III			Vice-President Name		
Street Address c/o THE ANCHORAGE, INC. 57 MILLER STREET			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name ANNA V. JONES			Treasurer Name ANNA V. JONES		
Street Address 24 CANNA STREET			Street Address 24 CANNA STREET		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888

<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE

<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			803	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**

JAN 21 2016

KL 44331

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.

*Anna V. Jones*  
 Signature of Authorized Representative

1/19/16  
 Date

ANNA V. JONES  
 Print or Type Name of Authorized Representative