



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. 17946		2. Exact name of the Corporation Wickford Shipyard, Inc.				
3. Principal office address 125 Steamboat Avenue			City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401 294-3361		5. State of Incorporation RI				
6. Brief description of the character of business conducted in Rhode Island Operation of a marina						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Donald B. Fraser			Vice-President Name Allison B. Fraser			
Street Address 1 Central Street			Street Address 642 Boston Neck Road			
City Narragansett	State RI	Zip 02882	City North Kingstown	State RI	Zip 02852	
Secretary Name Allison B. Fraser			Treasurer Name Donald B. Fraser			
Street Address 642 Boston Neck Road			Street Address 1 Central Street			
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI	Zip 02882	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Donald B. Fraser			Director Name			
Street Address Same as above			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
				100	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

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.

Donald B. Fraser 1/13/16
 Signature of Authorized Representative Date

Allison B. Fraser Donald B. Fraser
 Print or Type Name of Authorized Representative

BY 35443

FEB 03 2016