



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. 20096		2. Exact name of the Corporation PLEASANT STREET WHARF, INC.			
3. Principal office address 160 Pleasant Street		City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-294-2791		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of boat yard and marina, sale of marine equipment and all business associated therewith					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert G. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852			Vice-President Name Marilyn B. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852		
Secretary Name Robert G. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852			Treasurer Name Marilyn B. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert G. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852			Director Name Marilyn B. Collins Street Address 160 Pleasant Street City North Kingstown State RI Zip 02852		
Director Name Street Address City State Zip			Director Name Street Address 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
			200	Common	1.00

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.

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.

Marilyn B. Collins
 Signature of Authorized Representative Date

Marilyn B. Collins
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 11 2016
 BY *KL3006*