



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 142365		2. Name of Corporation IN MOTION MARINE REPAIR, INC.			
3. Street Address Principal Business Office 106 CROSS STREET EXT, UNIT 8		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-596-3414		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MARINE REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL A LOGAN JR.		Vice President Name MICHAEL A LOGAN JR.			
Street Address 106 CROSS STREET EXT, UNIT 8		Street Address 106 CROSS STREET EXT, UNIT 8			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name MICHAEL A LOGAN JR.		Treasurer Name MICHAEL A LOGAN JR.			
Street Address 106 CROSS STREET EXT, UNIT 8		Street Address 106 CROSS STREET EXT, UNIT 8			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL A LOGAN JR.		Director Name MICHAEL A LOGAN JR.			
Street Address 106 CROSS STREET EXT, UNIT 8		Street Address 106 CROSS STREET EXT, UNIT 8			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 2000	Class/Series COMMON	Par Value 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**

FEB 22 2016

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

By KL10533

Signature [Signature] Date 2/17/16  
MICHAEL A LOGAN JR.  
Print or Type Name  
PRESIDENT  
Title