



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. 128946		2. Exact name of the Corporation MELSCO, Inc.			
3. Principal office address 78 Sutton Street		City Oxford		State MA	Zip 01540
4. Business Phone No. (800) 214-0066		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and hold a boat					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Melbourne S. Dorr			Vice-President Name		
Street Address 78 Sutton Street			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Secretary Name Melbourne S. Dorr			Treasurer Name Melbourne S. Dorr		
Street Address 78 Sutton Street			Street Address 78 Sutton Street		
City Oxford	State MA	Zip 01540	City Oxford	State MA	Zip 01540
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Melbourne S. Dorr			Director Name		
Street Address 78 Sutton Street			Street Address		
City Oxford	State MA	Zip 01540	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	\$0.01 Par Value

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 24 AM 10:21

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

FEB 24 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.

Signature of Authorized Representative

Melbourne S. Dorr, President

Print or Type Name of Authorized Representative

4/17/16
Date

By AR 268 453