



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 |

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 CORPORATION DIVISION
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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: _____

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.

FILED

Melbourne S. Dorr
 Signature of Authorized Representative
Melbourne S. Dorr, President

2/17/16
 Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

FEB 24 2016

By AR 268 453