

## 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

. Entity ID No. 125014	<b>I</b>	2. Exact name of the Corporation BUMPER BOATS, INC.				
			Citv	State	Zip	
3. Principal office address 9 JT CONNELL HIGHWAY			NEWPORT	RI	02840	
l. Business Phone No. 401-849-7233			5. State of Incorporation RHODE ISLAND			
. Brief description of the ENTERTAINMENT		conducted in Rhode Island			EB 26	
	NAMES AND ADDR	SSEB WEDVERNIE	TACHMENT)		Total Most	
President Name ARTHUR GROVER			Vice-President Name KATHLEEN SILV	ESTRI	H IS S	
Street Address 9 JT CONNELL HIGHWAY			9 JT CONNELL HIGHWAY			
NEWPORT	State RI	Zip <b>02840</b>	City NEWPORT	State RI	Zip <b>02840</b>	
Secretary Name KATHLEEN SILVESTRI			Treasurer Name ARTHUR GROVER			
Street Address 9 JT CONNELL HIGHWAY			Street Address 9 JT CONNELL HIGHWAY			
City NEWPORT	State RI	Zip <b>02840</b>	City NEWPORT	State <b>RI</b>	Zip <b>02840</b>	
LIST ALL DIRECTOR	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name ARTHUR GROVER			Director Name  KATHLEEN SILVESTRI			
Street Address 9 JT CONNELL HIGHWAY			Street Address 9 JT CONNELL HIGHWAY			
City NEWPORT	State RI	Zip <b>02840</b>	City NEWPORT	State <b>RI</b>	Zip 02840	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZ	ED		10. SHARES ISSUED	">"EOX(EORATEACH)	MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			200	COMMON	1.00	
See Section 9 of instru	ction sheet.					

this report must be	CADOUICO CII DOITE		
Check No.  By:  FOR SECRETARY OF STATE USE ONLY	FILED	Under penalty of perjury, I declare and affirm the this report, including any accompanying scheduled and that all statements contained herein are true.  Signature of Authorized Representative  ARTHUR GROVER	
Form No. 630	FEB <b>26</b> 2016	Print or Type Name of Authorized Representative	
Revised: 01/2012			

jury, I declare and affirm that I have examined any accompanying schedules and statements, ts contained herein are true and correct.

2 - 1 - 16 Date ed Reptesentative

Revised: 01/2012 By 1 268711