



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. Entry ID No. <u>12432</u>		2. Exact name of the Corporation <u>SNUG HARBOR MARINA Inc</u>			
3. Principal office address <u>410 Gooseberry Rd</u>		City <u>Wakefield</u>		State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401 783-7766</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Albert L Conti</u>			Vice-President Name <u>Patricia K Conti</u>		
Street Address <u>410 Gooseberry Rd</u>			Street Address <u>410 Gooseberry Rd</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐		
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
			<u>200</u>	<u>Common</u>	<u>none</u>

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

Form No. 630
Revised: 01/2012

BY

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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.

Albert L Conti
Signature of Authorized Representative

3/7/16
Date

Albert L Conti
Print or Type Name of Authorized Representative

RIDER TO 2016 ANNUAL REPORT

**SNUG HARBOR MARINA, INC
CORPORATE ID NO: 12432**

VICE PRESIDENT:	PATRICIA K CONTI 24 GALE DRIVE SOUTH KINGSTOWN, RI 02879
ASSISTANT PRESIDENT:	ELISA CONTI JACKMAN 117E SHERMAN RD SOUTH KINGSTOWN, RI 02879
SECRETARY:	PATRICIA K CONTI 24 GALE DRIVE SOUTH KINGSTOWN, RI 02879
ASSISTANT SECRETARY:	MIA T CONTI 214 OLD MILL RD CHARLESTOWN, RI 02813
TREASURER:	ALBERT L. CONTI 24 GALE DRIVE SOUTH KINGSTOWN, RI 02879
ASSISTANT TREASURER	MATTHEW CONTI 24 GALE DRIVE SOUTH KINGSTOWN, RI 02879

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