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.	2. Exact name of the Corporation		
12432	SNUG HARBOR MARINA Inc		
3. Principal office address: 410 Gooseberry Rd	City: Wakefield	State: RI	Zip: 02879
4. Business Phone No.: 401 783-7766	5. State of Incorporation: RI		
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	Vice-President Name
Albert L Conti	Patricia K Conti
Street Address: 410 Gooseberry Rd	Street Address: 410 Gooseberry Rd
City: Wakefield State: RI Zip: 02879	City: Wakefield State: RI Zip: 02879
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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	Common	none

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
MAR 09 2016
BY JJZ DS

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 — 3/7/16
Signature of Authorized Representative — Date

Albert L Conti
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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

FILED
MAR 09 2016
BY 227 DS
ID 12432