



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.<br><b>24588</b>  |                    | 2. Exact name of the Corporation<br><b>Jim's Dock, Inc.</b> |   |                     |                     |
| 3. Principal office address<br><b>1175 Succotash Road</b>   |                    | City<br><b>Wakefield</b>                                    | State<br><b>RI</b>  | Zip<br><b>02879</b> |                     |
| 4. Business Phone No.<br><b>401-782-0031</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>            |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>A Restaurant and Marina</b>   |                    |   |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                     |                     |
| President Name<br><b>Lona Hoffman</b>   |                    |   | Vice-President Name   |                     |                     |
| Street Address<br><b>28 Old Shannock Road</b>   |                    |   | Street Address  |                     |                     |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City  | State               | Zip                 |
| Secretary Name<br><b>Lona Hoffman</b>   |                    |   | Treasurer Name<br><b>Lona Hoffman</b>                               |                     |                     |
| Street Address<br><b>28 Old Shannock Road</b>   |                    |   | Street Address<br><b>28 Old Shannock Road</b>                       |                     |                     |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>Wakefield</b>  | State<br><b>RI</b>  | Zip<br><b>02879</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                     |                     |
| 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) <input type="checkbox"/> |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |   | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE           |
|   |                    |   | 400   | Common              | No Par              |

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CORPORATIONS DIV  
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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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

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By 270668

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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.

Signature of Authorized Representative

Lona Hoffman, President

Print or Type Name of Authorized Representative

Date

3/2/16