



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. 541426		2. Exact name of the Corporation BCM CO. II			
3. Principal office address 12 Sedgewick Village Lane			City Darien	State CT	Zip 06820
4. Business Phone No. 860-581-8422			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Ownership and operation of a boat yard and marine facility					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kennard G. Gregory			Vice-President Name		
Street Address 12 Sedgewick Village Lane			Street Address		
City Darien	State CT	Zip 06820	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Arthur W. Gregory III		
Street Address 38 Bellevue Avenue			Street Address 20 Woods End Road		
City Newport	State RI	Zip 02840	City Dedham	State MA	Zip 02026
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kennard G. Gregory			Director Name Arthur W. Gregory III		
Street Address 12 Sedgewick Village Lane			Street Address 20 Woods End Road		
City Darien	State CT	Zip 06820	City Dedham	State MA	Zip 02026
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	No Par

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

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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.

Kennard G. Gregory 4/20/16
 Signature of Authorized Representative Date

Kennard G. Gregory
 Print or Type Name of Authorized Representative