RI SOS Filing Number: 201699668830 Date: 06/01/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2016 JUN -1 PM 2:11

Profit Corporation Annual Report for the year: 2014
Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation			
897082	Subsea Global INC			
3. Principal Office Address		City	State	Zip
26 Lancashire St		Providence	RI	02908
4. Business Phone Number		5. State of Incorporation		
401 523 9413		RI		

6. Brief description of the character of business conducted in Rhode Island
Towing Company

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Obed U Ezenwa			Vice-President Name:		
Street Address: 26 Lancashire St			Street Address:		
City: Providence	State: RI	Zip: 02908	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Same as Above			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1		.01

11. 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.

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.

Name of Authorized Representative: Obed Ezenwa — Date: 06/01/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 01 2016
STAMP
BY 275611

Form No. 630
Revised: 2016
137561-1-1118029