



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -7 AM 10:28

Profit Corporation Annual Report for the year: 2015

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 <u>000123052</u>		2. Exact name of the Corporation <u>COTTON BAY MARINE HOLDINGS, LTD.</u>		
3. Principal Office Address <u>138 Congdon Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
4. Business Phone Number <u>917-572-8001</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>To engage in the owning, leasing and chartering of boats</u>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>William A. Douglass III</u>		Vice-President Name <u>NONE</u>		
Street Address <u>304 Main Avenue, Box 408</u>		Street Address		
City <u>NORWALK</u>	State <u>CT</u>	Zip <u>06851</u>	City	State Zip
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>0</u>	<u>STK</u>	<u>\$0.0100</u>
		<u>100</u>	<u>CWP</u>	<u>\$1.0000</u>
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 <u>William A. Douglass III</u>			Date <u>6-06-16</u>	
Signature of Authorized Representative <u>William Douglass</u>				

FILED

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