



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 23 2017

BY

4816

1. Entity ID Number 322772		2. Exact name of the Corporation VIGILANT MARINE SERVICES, INC.			
3. Principal Office Address 26 Harrop Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Marine salvage, towing, rescue and other services.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin D. Scott		Vice-President Name Denise Scott			
Street Address 26 Harrop Avenue		Street Address 26 Harrop Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin D. Scott		Treasurer Name Denise Scott			
Street Address 26 Harrop Avenue		Street Address 26 Harrop Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin D. Scott		Director Name			
Street Address 26 Harrop Avenue		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100		Common	
				No Par Value	
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 Kevin D. Scott				Date 1/6/17	
Signature of Authorized Representative <i>Kevin D. Scott</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016