



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.

1. Entity ID Number <b>10891</b>		2. Exact name of the Corporation <b>TONI MARINE SALES AND SERVICE, INC.</b>			
3. Principal Office Address <b>759 WEST MAIN ROAD</b>		City <b>MIDDLETOWN</b>		State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>81 - Other Services (except Pub</b>	6. Brief description of the character of business conducted in Rhode Island <b>BOAT DEALER</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM A. CORREIA</b>			Vice-President Name <b>THEODORE CORREIA</b>		
Street Address <b>759 WEST MAIN ROAD</b>			Street Address <b>759 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>WILLIAM A. CORREIA</b>			Treasurer Name <b>GREGORY CORREIA</b>		
Street Address <b>SEE ABOVE</b>			Street Address <b>SEE ABOVE</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <i>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.</i>					
Name of Authorized Representative 			Date <b>FILED 25-2017</b>		
Signature of Authorized Representative			SIGN DOCUMENT HERE <b>FEB 08 2017</b>		

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

BY **4573**

FORM 630 - Revised: 10/2016