



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 2017**

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. <b>46059</b>		2. Exact name of the Corporation <b>JAMESTOWN MARINE SERVICES, INC.</b>						
3. Principal office address <b>40 HOWLAND AVENUE</b>		City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>				
4. Business Phone No. <b>(401) 423-2719</b>		5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>DIVING SUPPORT SERVICES.</b>								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name <b>BRUCE BANKS</b>			Vice-President Name <b>JOHN M. RINGELBERG</b>					
Street Address <b>40 HOWLAND AVENUE</b>			Street Address <b>428 BUNKER'S COVE ROAD</b>					
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>PANAMA CITY</b>	State <b>FL</b>	Zip <b>06379</b>			
Secretary Name <b>ALFRED D. SILVIA, JR.</b>			Treasurer Name <b>ALFRED D. SILVIA, JR.</b>					
Street Address <b>127 BEACON STREET</b>			Street Address <b>127 BEACON STREET</b>					
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name <b>BRUCE C. BANKS</b>			Director Name <b>JOHN M. RINGELBERG</b>					
Street Address <b>40 HOWLAND AVENUE</b>			Street Address <b>428 BUNKER'S COVE</b>					
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>PANAMA CITY</b>	State <b>FL</b>	Zip <b>06379</b>			
Director Name <b>ALFRED D. SILVIA, JR.</b>			Director Name					
Street Address <b>127 BEACON STREET</b>			Street Address					
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	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
						92	COMMON	NO PAR VALUE

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: **2/10/2017**  
Checked by: **1022**  
By: **1022**  
FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 10 2017**

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.

Signature of Authorized Representative

Date

**ALFRED D. SILVIA, JR., TREASURER**

Print or Type Name of Authorized Representative