



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. 46059 | | 2. Exact name of the Corporation JAMESTOWN MARINE SERVICES, INC. | | | |
| 3. Principal office address 40 HOWLAND AVENUE | | | City JAMESTOWN | State RI | Zip 02835 |
| 4. Business Phone No. (401) 423-2719 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island DIVING SUPPORT SERVICES. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name BRUCE BANKS | | | Vice-President Name JOHN M. RINGELBERG | | |
| Street Address 40 HOWLAND AVENUE | | | Street Address 428 BUNKER'S COVE ROAD | | |
| City JAMESTOWN | State RI | Zip 02835 | City PANAMA CITY | State FL | Zip 06379 |
| Secretary Name ALFRED D. SILVIA, JR. | | | Treasurer Name ALFRED D. SILVIA, JR. | | |
| Street Address 127 BEACON STREET | | | Street Address 127 BEACON STREET | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| Director Name BRUCE C. BANKS | | | Director Name JOHN M. RINGELBERG | | |
| Street Address 40 HOWLAND AVENUE | | | Street Address 428 BUNKER'S COVE | | |
| City JAMESTOWN | State RI | Zip 02835 | City PANAMA CITY | State FL | Zip 06379 |
| Director Name ALFRED D. SILVIA, JR. | | | Director Name | | |
| Street Address 127 BEACON STREET | | | Street Address | | |
| City NEWPORT | State RI | Zip 02840 | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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: _____
 Checked by: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 10 2017

1022

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 **2.3.17**

ALFRED D. SILVIA, JR., TREASURER

Print or Type Name of Authorized Representative