



State of Rhode Island
Department of

vidence Plantations

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 87655		2. Exact name of the Corporation SHORELINE DIVING SERVICES, INC.			
3. Principal Office Address P.O. BOX 692		City NARRAGANSETT		State RI	Zip 02882
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island TO RENDER DIVING SERVICES TO THE COMMERCIAL AND PLEASURE BOAT FLEET.			
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 RICHARD G. MARQUARDT			Vice-President Name RICHARD G. MARQUARDT		
Street Address 1004 LAFAYETTE RD			Street Address 1004 LAFAYETTE RD		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Secretary Name			Treasurer Name		
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 RICHARD G. MARQUARDT			Director Name NONE		
Street Address 1004 LAFAYETTE RD			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
Changes require an additional filing.					
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 RICHARD G. MARQUARDT, PRESIDENT					Date 2/18/17
Signature of Authorized Representative 					

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

FILED
FEB 21 2017
BY **4848 DS**

FORM 630 - Revised: 02/2017