



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 153832		2. Exact name of the Corporation CRANER MARINE, INC.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R.		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAINER SCHOENBACH			Vice-President Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
Secretary Name RAINER SCHOENBACH			Treasurer Name RAINER SCHOENBACH		
Street Address PO BOX 111			Street Address PO BOX 111		
City SAGAPONOCK	State NY	Zip 11962	City SAGAPONOCK	State NY	Zip 11962
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOUGLAS CRANER			Director Name		
Street Address 72 E. LINCOLN AVENUE			Street Address		
City ATLANTIC HIGHLANDS	State NJ	Zip 07716	City	State	Zip
Director Name			Director Name		
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			0.00
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 DOUGLAS CRANER				Date JAN. 20, 2017	
Signature of Authorized Representative 					

FILED
FEB 23 2017
 BY