



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>1339097</b>		2. Exact name of the Corporation <b>TENACIOUS MARINE, LTD.</b>												
3. Principal Office Address <b>8 FREEBODY STREET, P.O. BOX 549</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>									
4. NAICS Code <b>71 - Arts, Entertainment, and R</b>		6. Brief description of the character of business conducted in Rhode Island <b>THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS</b>												
5. State of Incorporation <b>RI</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>Gadi Zofi</b>			Vice-President Name <b>Marianna Kleyner</b>											
Street Address <b>P. O. Box 302</b>			Street Address <b>P. O. Box 302</b>											
City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>	City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>									
Secretary Name <b>Gadi Zofi</b>			Treasurer Name <b>Marianna Kleyner</b>											
Street Address <b>P. O. Box 302</b>			Street Address <b>P. O. Box 302</b>											
City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>	City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>									
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>Gadi Zofi</b>			Director Name <b>Marianna Kleyner</b>											
Street Address <b>P. O. Box 302</b>			Street Address <b>P. O. Box 302</b>											
City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>	City <b>Bayonne</b>	State <b>NY</b>	Zip <b>07002</b>									
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>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td></td> <td><b>0.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>		<b>0.00</b>			
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<b>100</b>		<b>0.00</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>JAMES F. HUMANI</b>			Date <b>FEB 23 2017</b>											
Signature of Authorized Representative <i>[Signature]</i>			<b>10897</b> <i>[Signature]</i>											