



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.

**STAMP**

FOR

1. Entity ID Number <b>486053</b>		2. Exact name of the Corporation <b>Nispe, Inc.</b>			
3. Principal Office Address <b>38 Bellevue Avenue, Suite H</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>Purchase and operation of sailing and motor vessels of all kinds</b>			
5. State of Incorporation <b>Rhode Island</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>Denise Cole</b>			Vice-President Name		
Street Address <b>2503 S. Pine Terrace Lane</b>			Street Address		
City <b>Liberty Lake</b>	State <b>WA</b>	Zip <b>99019-3260</b>	City	State	Zip
Secretary Name <b>Steven M. McInnis</b>			Treasurer Name <b>Denise Cole</b>		
Street Address <b>38 Bellevue Avenue, Suite H</b>			Street Address <b>2503 S. Pine Terrace Lane</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Liberty Lake</b>	State <b>WA</b>	Zip <b>99019-3260</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>Denise Cole</b>			Director Name		
Street Address <b>2503 S. Pine Terrace Lane</b>			Street Address		
City <b>Liberty Lake</b>	State <b>WA</b>	Zip <b>99019-3260</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>\$.01 Par</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. <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 <b>Denise Cole</b>				Date <b>2/6/17</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 02 2017</b> BY	
SIGN DOCUMENT HERE					