



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

STAMP

FOR

- 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 486053		2. Exact name of the Corporation Nispe, Inc.			
3. Principal Office Address 38 Bellevue Avenue, Suite H		City Newport		State RI	Zip 02840
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Purchase and operation of sailing and motor vessels of all kinds			
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 Denise Cole			Vice-President Name		
Street Address 2503 S. Pine Terrace Lane			Street Address		
City Liberty Lake	State WA	Zip 99019-3260	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Denise Cole		
Street Address 38 Bellevue Avenue, Suite H			Street Address 2503 S. Pine Terrace Lane		
City Newport	State RI	Zip 02840	City Liberty Lake	State WA	Zip 99019-3260
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Denise Cole			Director Name		
Street Address 2503 S. Pine Terrace Lane			Street Address		
City Liberty Lake	State WA	Zip 99019-3260	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common \$.01 Par		
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 Denise Cole					Date 2/6/17
Signature of Authorized Representative 					
FILED MAR 02 2017 BY 1550 2017 SIGN DOCUMENT HERE					

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

FORM 630 - Revised: 10/2016