



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 69675		2. Exact name of the Corporation WARREN RIVER BOATWORKS, INC.			
3. Principal Office Address 66 CHURCH STREET (MAIL: P.O. BOX 202)		City WARREN		State RI	Zip 02885
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Building, launching, hauling, storing, servicing and repairing of boats.			
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 Paul H. Dennis			Vice-President Name Paul H. Dennis		
Street Address P.O. Box 202			Street Address P.O. Box 202		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Paul H. Dennis			Treasurer Name Paul H. Dennis		
Street Address P.O. Box 202			Street Address P.O. Box 202		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul H. Dennis			Director Name None		
Street Address P.O. Box 202			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
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 Paul H. Dennis					Date 2/27/17
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

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BY

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FORM 630 - Revised: 10/2016