

RI SOS Filing Number: 201738090170

Date: 3/13/2017

NEW 4:00 PM

CK# 2993

2-22-17

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ 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 89915 | | 2. Exact name of the Corporation Northeast Diving Serv. Inc. | | | |
| 3. Principal Office Address 28 West Narragansett Ave | | City Newport | | State RI | Zip 02840 |
| 4. NAICS Code 81 | | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 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 Eva M Longobardi (Pres.) | | | Vice-President Name | | |
| Street Address 28 West Narragansett Ave | | | Street Address | | |
| City Newport | | State RI | Zip 02840 | City | |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| 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 500 | | |
| | | | CLASS/SERIES | | |
| | | | 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 Eva M. Longobardi | | | | Date 2-22-17 | |
| Signature of Authorized Representative Eva M. Longobardi | | | | | |

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: 02/2017