



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 797239		2. Exact name of the Corporation MARINE HYDRAULIC ENGINEERING CO, INC.			
3. Principal Office Address 17 GORDON DRIVE		City ROCKLAND		State MAINE	Zip 04841
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island STORAGE FACILITY				
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 ROBERT E. CROWE, SR.			Vice-President Name ROBERT E. CROWE, SR.		
Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013			Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013		
City BROWNSVILLE	State TEXAS	Zip 78520	City BROWNSVILLE	State TEXAS	Zip 78520
Secretary Name ROBERT E. CROWE, SR.			Treasurer Name ROBERT E. CROWE, SR.		
Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013			Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013		
City BROWNSVILLE	State TEXAS	Zip 78520	City BROWNSVILLE	State TEXAS	Zip 78520
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT E. CROWE, SR.			Director Name BERTA CROWE		
Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013			Street Address 1900 UNIVERSITY BOULEVARD CONDO 2013		
City BROWNSVILLE	State TEXAS	Zip 78520	City BROWNSVILLE	State TEXAS	Zip 78520
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 ROBERT E. CROWE, SR.					Date 3/1/17
Signature of Authorized Representative <i>Robert Crowe</i>					

SIGN DOCUMENT HERE

FILED

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

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FORM 630 - Revised: 10/2016