




State of Rhode Island and Providence Plantations

Department of State - Business Services Division**Annual Report for the year: 2016****Corporation**

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS SVCS DIV

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1. Entity ID Number 001102310		2. Exact name of the Corporation Siren Marine, Inc.			
3. Principal Office Address 221 Third Street, Suite 200			City Newport	State RI	Zip 02840
4. Business Phone Number 401-619-4774			5. State of Incorporation FL		
6. Brief description of the character of business conducted in Rhode Island Boat monitoring, tracking and security systems. Developer, sales & marketing thereof.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Harper			Vice-President Name Jonathan Banks		
Street Address 221 Third Street, Suite 200			Street Address 221 Third Street, Suite 200		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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		PAR VALUE
			88,933		\$ 75.00
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 Jonathan Banks				Date 4/7/2017	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

APR 07 2017

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040**Website:** www.sos.ri.gov
 BY **300423**
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