



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 APR - 7 PM 3: 58

1. Entity ID Number <b>001102310</b>		2. Exact name of the Corporation <b>Siren Marine, Inc.</b>			
3. Principal Office Address <b>221 Third Street, Suite 200</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
4. Business Phone Number <b>401-619-4774</b>		5. State of Incorporation <b>FL</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Boat monitoring, tracking and security systems. Developer, sales &amp; marketing thereof.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Harper</b>			Vice-President Name <b>Jonathan Banks</b>		
Street Address <b>221 Third Street, Suite 200</b>			Street Address <b>221 Third Street, Suite 200</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>88,933</b>			<b>\$ 75.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Jonathan Banks</b>				Date <b>4/7/2017</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

APR 07 2017

BY **300423**

**A.A. 3:59 PM**

MAIL TO:

Division of Business Services

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

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