



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 <b>919401</b>		2. Exact name of the Corporation <b>Brooks marine Group, Inc.</b>	
3. Principal Office Address <b>449 Thames Street, Suite 103</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. NAICS Code <b>81 - Other Services (except Pub</b>	6. Brief description of the character of business conducted in Rhode Island <b>Management recruiting</b>		
5. State of Incorporation <b>RI</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>Neal Harrell</b>		Vice-President Name	
Street Address <b>271 Mitchell's Lane</b>		Street Address	
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Neal Harrell</b>		Director Name	
Street Address <b>271 Mitchell's Lane</b>		Street Address	
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>0</b>	<b>0</b>
		<b>0</b>	<b>0</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. 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 <b>Neal B Harrell, Jr</b>		Date <b>8/14/2017</b>	
Signature of Authorized Representative <i>Neal B. Harrell</i>			

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**

**AUG 16 2017**

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FORM 630 - Revised: 02/2017