RI SOS Filing Number: 201755075200 Date: 12/14/2017 3:18:00 PM

Corporation → Filing period: January 1 - March 1 → Filing period: January 1 → Fi	A 22 / A	nd and Providence P f State - Busin e year: 201	ess Services	Division		-	2017 DEC 1	CORPOR	
Penalty Padditional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 000002081 BAY MARINE, INC. 3. Principal Office Address 239 NEW MEADOW ROAD 4. NAICS Code 541330 BARRINGTON B. State 6541330 BARRINGTON B. State 7. Check the box to indicate an affect 67406455 BARRINGTON B. State 7. Check the box to indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 67406455 BARRINGTON B. State 7. Check the box 10 indicate an affect 7. Check the box 10 indicate an affect 7. Check 10 indicate 8. Check	Corporation		_			14 h	ARY O		
State of Incorporation RI		5.00 fee if form is no	ot filed by April 1.					SS CO	
239 NEW MEADOW ROAD 6. Brief description of the character of business conducted in Rhode Island MARINE ENGINEERING SERVICES 5. State of Incorporation RI 7. Lust ALL officers (names and addresses) Check the box to indicate an application of the character of business conducted in Rhode Island MARINE ENGINEERING SERVICES 5. State of Incorporation RI 7. Lust ALL officers (names and addresses) Check the box to indicate an application of the character of business conducted in Rhode Island MARINE ENGINEERING SERVICES Street Address 239 NEW MEADOW ROAD Street Address Street Address Street Address Street Address 239 NEW MEADOW ROAD Street Address Street A	-			n			\sqrt{y}	A ST	
State of Incorporation RI 7. List ALL Officers (names and addresses) Street Address 239 NEW MEADOW ROAD City BARRINGTON State RI Zip 02806 City State Zip Common State Manual Rill Rill Rill Rill Rill Rill Rill Ri	3. Principal Office Address 239 NEW MEADOW ROAD			'	'		"		
Check the box to indicate an affect Check the box to indicate an affect	541330 5. State of Incorporation				conducted in Rho	ode Island	- - - - -	OM OM	
President Name DAVID J. BONNEY Vice-President Name DAVID J. BONNEY Vice-President Name DAVID J. BONNEY Compared to the property of part of the corporation by an authorized representative. If the corporation is in the hands of a retrusted part of part of Authorized Representative DAVID J. BONNEY Compared to the corporation by an authorized representative. If the corporation is currently of second and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			· · · · · · · · · · · · · · · · · · ·		Ch	ack the boy to		DOD	
City BARRINGTON State RI Zip 02806 Check the box to indicate an attact Director Name Director Name Street Address City State Zip State Zip City State Zip	President Name DAVID J. BO	Vice-President Name DAVID J. BONNEY			إنا	S. Z.			
Street Address 239 NEW MEADOW ROAD State RI Zip 02806 City BARRINGTON State RI Zip 02806 Director Name Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address City State Zip City State Zip City State Zip State Zip City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip	Street Address 239 NEW MEADOW ROAD			Street Address 239 NEW MEADOW ROAD			2	44	
Street Address 239 NEW MEADOW ROAD State RI Zip 02806 City BARRINGTON State RI Zip 02806 Check the box to indicate an attact Director Name Street Address City State Zip Check the box to indicate an attact NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjuny, 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 Date		t t	^{Zip} 02806			KI	Zip	06 (7)	
State RI Zip O2806 City BARRINGTON State RI Zip Check the box to indicate an attact Director Name Director Name Director Name Street Address State Zip City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address City State Zip									
8. List ALL directors (names and addresses) Director Name Street Address City State Zip Check the box to indicate an attact numbers of shares in the box to indicate an attact number of state. This information is currently of record in the number of shares Department of State. Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, 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 Date Date	Street Address 239 NEW MEA								
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DAVID J. BONNEY (2/8/1	statements, and that all st	stements contained			including any ac		schedules and		
Signature of Authorized Representative	•						12/8/	17	
Hand Jon FILED	Signature of Authorized Rep	resentative))	.	li en	-			

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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