



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 7443		2. Exact name of the Corporation Marine Rescue Products, Inc.			
3. Principal Office Address 41 Prospect Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Sale of marine life saving equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rian Wilkinson			Vice-President Name Susan Wilkinson		
Street Address 41 Prospect Avenue			Street Address 41 Prospect Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Susan Wilkinson			Treasurer Name Susan Wilkinson		
Street Address 41 Prospect Avenue			Street Address 41 Prospect Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rian Wilkinson			Director Name Susan Wilkinson		
Street Address 41 Prospect Avenue			Street Address 41 Prospect Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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/SE.RI.LS
			200		PAR VALUE
			common		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 Rian Wilkinson					Date 1/10/18
Signature of Authorized Representative 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

FILED
JAN 22 2018
 BY 5327
 FORM 630 - Revised: 10/2017