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

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CORPORATIONS DIV
2018 FEB 14 PM 12:52

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	2. Exact name of the Corporation			
100046	SHAMROCK VENTURES II, INC.			
3. Principal Office Address: 301 Promenade Street	City: Providence	State: RI	Zip: 02908	
4. NAICS Code: 532284	6. Brief description of the character of business conducted in Rhode Island: to own, operate, manage and charter pleasure boats and other boating vessels			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Caren Brown Harple	
Street Address: 301 Promenade Street	Street Address:
City: Providence / State: RI / Zip: 02908	City: / State: / Zip:
Secretary Name: Karen G. DelPonte	Treasurer Name: Caren Brown Harple
Street Address: 301 Promenade Street	Street Address: 301 Promenade Street
City: Providence / State: RI / Zip: 02908	City: Providence / State: RI / Zip: 02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Caren Brown Harple	
Street Address: 301 Promenade Street	Street Address:
City: Providence / State: RI / Zip: 02908	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	common	$1.00

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: Caren Brown Harple, President

Date: 2/14/18

Signature of Authorized Representative: Caren Brown Harple SIGN DOCUMENT HERE

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
FEB 14 2018
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BY 324272

FORM 630 - Revised: 10/2016