



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

Annual Report for the year: 2018
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 FEB 28 AM 11:50

- 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 <u>123963</u>		2. Exact name of the Corporation <u>Global MARINE POWER, INC.</u>			
3. Principal Office Address <u>320 THAMES ST / SUITE 984</u>			City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02540</u>
4. NAICS Code <u>423920</u>		6. Brief description of the character of business conducted in Rhode Island <u>Wholesale Sales</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>WALTER BOLEON</u>			Vice-President Name <u>SAME</u>		
Street Address <u>320 THAMES ST / SUITE 984</u>			Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02540</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>WALTER BOLEON</u>			Director Name <u>NONE</u>		
Street Address <u>320 THAMES ST / SUITE 984</u>			Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02540</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>		<u>Common</u>	<u>No Par Value</u>
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 <u>WALTER BOLEON</u>					Date <u>2/27/18</u>
Signature of Authorized Representative <u>Walter Boleon, President</u>					SIGN DOCUMENT HERE FEB 28 2018

FILED

BY [Signature]
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