

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

➤ Panalty: Additional \$25.00 fee if form is not filed by April 1

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 FEB 28 AM II: 50

Penalty: Additional \$25.0	o iee ii ioiiii is ii	ot liled by April 1	•				
Entity ID Number		2. Exact name of the Corporation					
123963	(6/2	Global MARINE LOWER, INC.					
3 Principal Office Address				· · · · · · · · · · · · · · · · · · ·		Trip	
3. Frincipal Office Address	-1 Dol 1	0 7	25/	=wport	- 1777	02540	
320 Thom		SUITE	184 NV	-wpok	175-1	_ /000	
4. NAICS Code	6. Brief desc	cription of the char	racter of busines	s conducted in Rhode	Island		
4. NAICS Code  7 6. Brief description of the character of business conducted in Rhode Island  423440 Wholissalis Salis  5. State of leasangers in the character of business conducted in Rhode Island							
5. State of Incorporation	- wn	7.72 3.02					
2-1							
K./-							
7. List ALL officers (names and addresses)			IVica Pracio	Check the box to indicate an attachment  Vice-President Name			
President Mame  Sallier Bolacin				Semi-			
Stron Address			Street Addi	Street Address			
320 ThamES	D./Su.	TE 98	4				
City /	State	Zio	City	-	State	Zip	
NEWPORT	KI	0289		<u> </u>			
Secretary Name				Treasurer Name			
SAME				Street Address			
Street Address		Street Audi	Street Address				
City	State	Zip	City	<u> </u>	State	Zıp	
J.,			,				
8. List ALL directors (names an	id addresses)			Che	ck the box to in	idicate an attachment 🔲	
Director Name / / /				Director Name			
WALLERES	otach						
Street Address	09/0	TIE 98	Street Addi	ress			
City /	State 7	1710	City		State	Zip	
NIEW PORT	XI	325	10		1	·	
Director Name			Director Na	Director Name			
NoN/=			No	NONE			
Street Address			Street Ada	Street Address			
	Tour	15-	City		State	Zip	
City	State	Zip	City		3686	Zip	
9. Shares Authorized		10. Shares	Issued	Chec	ck the box to in	idicate an attachment	
This information is currently of	record in the		R OF SHARES	CLASS/SEF		PAR VALUE	
Department of State.			<del>10</del>	Comm	2.1	No Par Value	
Changes require an additional fi	lina.	/ /		Cimin		Va Jak Onto	
	3	ŀ			l		
11. This report must be execut	ed on behalf of the	e corporation by a	an authorized rep	oresentative. If the cor	poration is in t	he hands of a receiver or	
trustee, this report must be exe	ecuted on behalf of	of the corporation	by the receiver of	or trustee.			
Under penalty of perjury, I de				rt, including any acc	ompanying so	chedules and	
statements, and that all state Name of Authorized Represent		<u>a nerein are true</u>	and correct.		Date		
A						1-2/	
WALTERK	HOOM			FILED	/	27/18	
Signature of Authorized Repre	sentative		DOCUMENT ::		•	/	
(1) 1/ / / / / / / / / / / / / / / / / /	f m()	P/Z SIGN I	DOCUMENT HE	ER 2 8 2018	(01)		
William Kg.		<u> </u>	<del>_</del>		<del>cu'lx</del>		
MAIL TO:				$\sim\sim$ 11 a $\sim$ 1	71 1 1 1 1 1		

**Division of Business Services** 

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