RI SOS Filing Number: 201859697290 Date: 3/2/2018 4:00:00 PM

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

STAMP

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
151341	PEDRICK MARINE HOLDINGS, INC.

3. Principal Office Address	City	State	Zip
67 SECOND STREET	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
488330	TO OWN AND OPERATE A MARINE LEASING COMPANY
5. State of Incorporation: RHODE ISLAND	

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

President Name: LAURA FREEDMAN PEDRICK			Vice-President Name: LAURA FREEDMAN PEDRICK		
Street Address: 67 SECOND STREET			Street Address: 67 SECOND STREET		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Secretary Name: LAURA FREEDMAN PEDRICK			Treasurer Name: LAURA FREEDMAN PEDRICK		
Street Address: 67 SECOND STREET			Street Address: 67 SECOND STREET		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

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

Director Name: LAURA FREEDMAN PEDRICK			Director Name:		
Street Address: 67 SECOND STREET			Street Address:		
City: NEWPORT	State: RI	Zip: 02840	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
200	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: LAURA FREEDMAN PEDRICK — Date: 2/28/18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
MAR 02 2018
BY 22182

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017