



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 000041603		2. Exact name of the Corporation Silver Spring Marine, Inc.			
3. Principal Office Address 362 Pond Street			City Wakefield	State RI	Zip 02879
4. NAICS Code 420040 811490		6. Brief description of the character of business conducted in Rhode Island Marina operation, marine sales and services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lynn E. Fiorenzano			Vice-President Name Nicholas A. Marzilli		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Nicholas A. Marzilli			Treasurer Name Lynn E. Fiorenzano		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Nicholas A. Marzilli			Director Name Lynn E. Fiorenzano		
Street Address 525 Gravelly Hill Road			Street Address 525 Gravelly Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 4,000	CLASS/SERIES Common	PAR VALUE 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 Lynn E. Fiorenzano				Date 2/14/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAR 02 2018

BY

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