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
000041603	Silver Spring Marine, Inc.

3. Principal Office Address	City	State	Zip
362 Pond Street	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~423810~~ 811490	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	CLASS/SERIES	PAR VALUE
4,000	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: Lynn E. Fiorenzano — Date: 2/14/18

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
MAR 0 2 2018
BY 136006

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