

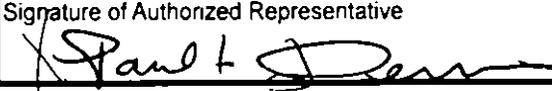
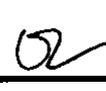


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 69675		2. Exact name of the Corporation WARREN RIVER BOATWORKS, INC.						
3. Principal Office Address 66 Church Street (Mail: P.O. Box 202)				City Warren		State RI	Zip 02885	
4. NAICS Code 336612		6. Brief description of the character of business conducted in Rhode Island Building, launching, hauling, storing, servicing and repairing of boats						
5. State of Incorporation RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Paul H. Dennis				Vice-President Name Paul H. Dennis				
Street Address P.O. Box 202				Street Address P.O. Box 202				
City Warren		State RI	Zip 02885		City Warren		State RI	Zip 02885
Secretary Name Paul H. Dennis				Treasurer Name Paul H. Dennis				
Street Address P.O. Box 202				Street Address P.O. Box 202				
City Warren		State RI	Zip 02885		City Warren		State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
Director Name Paul H. Dennis				Director Name None				
Street Address P.O. Box 202				Street Address				
City Warren		State RI	Zip 02885		City		State	Zip
Director Name None				Director Name None				
Street Address				Street Address				
City		State	Zip		City		State	Zip
9. Shares Authorized							10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES	CLASS/SERIES		PAR VALUE	
				100	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 Paul H. Dennis						Date 2/26/18		
Signature of Authorized Representative 				SIGN DOCUMENT FILED 				

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

MAR 05 2018

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