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

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CORPORATION DIV.
2018 SEP -5 PM 2:53

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			
14679	Nelseco Navigation Company			
3. Principal Office Address: 21 Dryden Lane		City: Providence	State: RI	Zip: 02904
4. NAICS Code: 999999	6. Brief description of the character of business conducted in Rhode Island: Water Carrier			
5. State of Incorporation: Rhode Island				

Check the box to indicate an attachment ☒

7. List ALL officers (names and addresses)

President Name: Susan E. Linda			Vice-President Name: Joshua Linda		
Street Address: 500 Norwich-New London Hwy			Street Address: 86 Main Street		
City: Uncasville	State: CT	Zip: 06382	City: N. Stonington	State: CT	Zip: 06359
Secretary Name: Susan E. Linda			Treasurer Name: Susan E. Linda		
Street Address: 500 Norwich-New London Hwy			Street Address: 500 Norwich-New London Hwy		
City: Uncasville	State: CT	Zip: 06382	City: Uncasville	State: CT	Zip: 06382

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses)

Director Name: Susan E. Linda			Director Name: Raymond Linda		
Street Address: 500 Norwich-New London Hwy			Street Address: 500 Norwich-New London Hwy		
City: Uncasville	State: CT	Zip: 06382	City: Uncasville	State: CT	Zip: 06382
Director Name: Joshua Linda			Director Name:		
Street Address: 86 Main Street			Street Address:		
City: N. Stonington	State: CT	Zip: 06359	City:	State:	Zip:

Check the box to indicate an attachment ☐

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Class B/voting	none
1828	Class A/non-voting	none

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: Susan E. Linda, President

Date: 8-31-2018

Signature of Authorized Representative: Susan E. Linda

FILED
SEP 05 2018
BY KL KTXJV
12:53

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

#7. Other Officers

Vice President

Raymond Linda
500 Norwich-New London Hwy
Uncasville, CT 06382