



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *124050*		2. Name of Corporation JL MARINA SERVICES, INC.			
3. Street Address Principal Business Office 60 Sportsman Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-322-7277		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN BOAT AND MARINA SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Lavin			Vice President Name None		
Street Address 60 Sportsman Road			Street Address n/a		
City Charlestown	State RI	Zip 02813	City n/a	State n/a	Zip n/a
Secretary Name Joseph Lavin			Treasurer Name Joseph Lavin		
Street Address 60 Sportsman Road			Street Address 60 Sportsman Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Director Name None			Director Name None		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 4 0 5 0 \*

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.

\*124050 DB02/18/031:49:54 PM\*

File Date 3.17.03

Check No. 243

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 2/26/03

Signature of Officer Date

Joseph Lavin

Print or Type Name of Officer

President

Title of Officer