



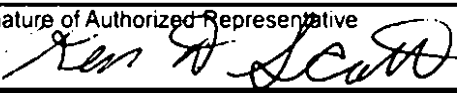
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

OFFICE OF THE
CLERK OF THE STATE
PROVIDENCE, RI

1. Entity ID Number 000322772		2. Exact name of the Corporation VIGILANT MARINE SERVICES, INC.			
3. Principal Office Address 26 Harrop Avenue			City Warwick	State RI	Zip 02886
4. NAICS Code 336611	6. Brief description of the character of business conducted in Rhode Island Marine salvage, towing, rescue and other services.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin D. Scott			Vice-President Name Denise Scott		
Street Address 26 Harrop Avenue			Street Address 26 Harrop Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin D. Scott			Treasurer Name Denise Scott		
Street Address 26 Harrop Avenue			Street Address 26 Harrop Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin D. Scott			Director Name		
Street Address 26 Harrop Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
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 Kevin D. Scott				Date 1/22/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

JAN 22 2019

FORM 630 - Revised: 10/2017

BY 5112 DS