

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual 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.

**FILED**

JAN 30 2019

BY 18953  
*[Signature]*

1. Entity ID Number <b>70995</b>		2. Exact name of the Corporation <b>STRIPER MARINA, INC.</b>			
3. Principal Office Address <b>26 Tyler Point Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>713930</b>		6. Brief description of the character of business conducted in Rhode Island <b>To manage real estate and marina facilities</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alfred C. Elson</b>			Vice-President Name <b>None</b>		
Street Address <b>22 Tyler Point Road</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Alfred C. Elson</b>			Treasurer Name <b>Anne B. Lyden</b>		
Street Address <b>22 Tyler Point Road</b>			Street Address <b>22 Tyler Point Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alfred C. Elson</b>			Director Name <b>None</b>		
Street Address <b>22 Tyler Point Road</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<b>60</b>	<b>Common</b>	<b>No Par Value</b>
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					
<b>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.</b>					
Name of Authorized Representative <b>Alfred C. Elson, President</b>				Date <b>1/25/2019</b>	
Signature of Authorized Representative <i>Alfred C. Elson</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov