



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

FILED

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.

JAN 30 2019
 BY 18953
[Signature]

1. Entity ID Number 70995		2. Exact name of the Corporation STRIPER MARINA, INC.			
3. Principal Office Address 26 Tyler Point Road			City Barrington	State RI	Zip 02806
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island To manage real estate and marina facilities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred C. Elson			Vice-President Name None		
Street Address 22 Tyler Point Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Alfred C. Elson			Treasurer Name Anne B. Lyden		
Street Address 22 Tyler Point Road			Street Address 22 Tyler Point Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred C. Elson			Director Name None		
Street Address 22 Tyler Point Road			Street Address		
City Barrington	State RI	Zip 02806	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
		60		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 Alfred C. Elson, President				Date 1/25/2019	
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