



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.

1. Entity ID Number 40560		2. Exact name of the Corporation BREEZY POINT MARINA INC.	
3. Principal Office Address 33 SAYLES AVE,		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 811490	6. Brief description of the character of business conducted in Rhode Island RENTAL OF BOAT SLIPS IN WATER		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN F. MAROTTO		Vice-President Name PAULINE MAROTTO	
Street Address 33 SAYLES AVE.		Street Address SAME	
City WARWICK	State RI	City —	State —
Zip 02889		Zip —	
Secretary Name PAULINE MAROTTO		Treasurer Name JOHN F. MAROTTO	
Street Address SAME		Street Address SAME	
City —	State —	City —	State —
Zip —		Zip —	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name CHRISTOPHER MAROTTO		Director Name DIANE PLANTE	
Street Address 31 GILMAN RD,		Street Address 11 ERIC JOHN COURT	
City HOPE VALLEY	State RI	City EXETER	State RI
Zip 02832		Zip 02852	
Director Name DENISE KNIGHT		Director Name MICHAEL MAROTTO	
Street Address 672 ATWOOD AVE.		Street Address 31 GILMAN RI	
City CRAVSTON	State RI	City HOPE VALLEY	State RI
Zip 02920		Zip 02852	
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.		NUMBER OF SHARES 0	
Changes require an additional filing.		CLASS/SERIES 0	
		PAR VALUE 0	
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 JOHN F. MAROTTO		Date 2/12/19	
Signature of Authorized Representative <i>John F. Marotto</i>		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 02/2017

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