



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<br><b>40560</b>  |                    | 2. Exact name of the Corporation<br><b>BREEZY POINT MARINA INC.</b>   |   |                        |                       |
| 3. Principal Office Address<br><b>33 SAYLES AVE,</b>   |                    | City<br><b>WARWICK</b>  |   | State<br><b>RI</b>     | Zip<br><b>02889</b>   |
| 4. NAICS Code<br><b>811490</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>RENTAL OF BOAT SLIPS IN WATER</b> |   |                        |                       |
| 5. State of Incorporation<br><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<br><b>JOHN F. MAROTTO</b>   |                    |   | Vice-President Name<br><b>PAULINE MAROTTO</b>   |                        |                       |
| Street Address<br><b>33 SAYLES AVE.</b>  |                    |   | Street Address<br><b>SAME</b>   |                        |                       |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02889</b>   | City<br><b>—</b>  | State<br><b>—</b>      | Zip<br><b>—</b>       |
| Secretary Name<br><b>PAULINE MAROTTO</b>   |                    |   | Treasurer Name<br><b>JOHN F. MAROTTO</b>  |                        |                       |
| Street Address<br><b>SAME</b>  |                    |   | Street Address<br><b>SAME</b>   |                        |                       |
| City<br><b>—</b>   | State<br><b>—</b>  | Zip<br><b>—</b>   | City<br><b>—</b>  | State<br><b>—</b>      | Zip<br><b>—</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<br><b>CHRISTOPHER MAROTTO</b>  |                    |   | Director Name<br><b>DIANE PLANTE</b>  |                        |                       |
| Street Address<br><b>31 GILMAN RD,</b>   |                    |   | Street Address<br><b>11 ERIC JOHN COURT</b>   |                        |                       |
| City<br><b>HOPE VALLEY</b>   | State<br><b>RI</b> | Zip<br><b>02832</b>   | City<br><b>EXETER</b>   | State<br><b>RI</b>     | Zip<br><b>02802</b>   |
| Director Name<br><b>DENISE KNIGHT</b>  |                    |   | Director Name<br><b>MICHAEL MAROTTO</b>   |                        |                       |
| Street Address<br><b>672 ATWOOD AVE.</b>   |                    |   | Street Address<br><b>31 GILMAN RI</b>   |                        |                       |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02920</b>   | City<br><b>HOPE VALLEY</b>  | State<br><b>RI</b>     | Zip<br><b>02802</b>   |
| 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.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES<br><b>0</b>  | CLASS/SERIES           | PAR VALUE<br><b>0</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.<br><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<br><b>JOHN F. MAROTTO</b>  |                    |   |   | Date<br><b>2/12/19</b> |                       |
| Signature of Authorized Representative<br><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

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