



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

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**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 <b>20096</b>		2 Exact name of the Corporation <b>Pleasant Street Wharf, Inc.</b>			
3 Principal Office Address <b>160 Pleasant Street</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4 NAICS Code <b>336612</b>		6 Brief description of the character of business conducted in Rhode Island <b>Operation of boat yard and marina, sale of marine equipment and all business associated therewith.</b>			
5 State of Incorporation <b>Rhode Island</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>Marilyn B. Collins</b>			Vice-President Name <b>Marilyn B. Collins</b>		
Street Address <b>160 Pleasant Street</b>			Street Address <b>160 Pleasant Street</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Marilyn B. Collins</b>			Treasurer Name <b>Marilyn B. Collins</b>		
Street Address <b>160 Pleasant Street</b>			Street Address <b>160 Pleasant Street</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>Marilyn Collins</b>			Director Name		
Street Address <b>160 Pleasant Street</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
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		PAR VALUE	
		<b>200</b>	<b>Common</b>	<b>0.00</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>Marilyn B. Collins</b>					Date <b>3-7-19</b>
Signature of Authorized Representative <i>Marilyn B. Collins</i>					

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**  
**MAR 12 2019 KM**

BY 18898