



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.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 20096		2. Exact name of the Corporation Pleasant Street Wharf, Inc.			
3. Principal Office Address 160 Pleasant Street		City North Kingstown		State RI	Zip 02852
4. NAICS Code 336612		6. Brief description of the character of business conducted in Rhode Island Operation of boat yard and marina, sale of marine equipment and all business associated therewith.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marilyn B. Collins			Vice-President Name Marilyn B. Collins		
Street Address 160 Pleasant Street			Street Address 160 Pleasant Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Marilyn B. Collins			Treasurer Name Marilyn B. Collins		
Street Address 160 Pleasant Street			Street Address 160 Pleasant Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marilyn Collins			Director Name		
Street Address 160 Pleasant Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
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		C. ASS/SERIES	
		200	Common	0.00	
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 Marilyn B. Collins					Date 3-7-19
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

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