



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-13  
401.222.30

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128738		2. Name of Corporation PK Marine Service Inc.			
3. Street Address Principal Business Office 129 BROAD COMMONS ROAD			City WAFBRISTOL	State RI	Zip 02809
4. Business Phone No. 254-8990		5. State of Incorporation RHODE ISLAND			6. SIC Code 2881
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MARINE MECHANICAL AND MAINTENANCE SERVICES <i>Misc Repair</i>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL K. KRAKOWSKY			Vice President Name REGINA C. KRAKOWSKY <i>Maria Repair</i>		
Street Address 31 DENVER AVENUE			Street Address 31 DENVER AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name REGINA C. KRAKOWSKY			Treasurer Name REGINA C. KRAKOWSKY		
Street Address 31 DENVER AVENUE			Street Address 31 DENVER AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAUL K. KRAKOWSKY			Director Name REGINA C. KRAKOWSKY		
Street Address 31 DENVER AVENUE			Street Address 31 DENVER AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			200	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Paul Krakowsky*  
Signature of Officer 3-15-05  
Date

PAUL K. KRAKOWSKY, President

Print or Type Name of Officer

*President*  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETAR **BY** STATE USE ONLY

**FILED**  
MAR 17 2005



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1331  
401.222.3041

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No <b>128738</b>		2 Name of Corporation <b>PK Marine Service Inc.</b>		
3 Street Address Principal Business Office <b>31 Denver Avenue</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4 Business Phone No <b>401-254-8990</b>		5 State of Incorporation <b>RHODE ISLAND</b>		6 SIC Code <b>2881</b>

7 Brief Description of the Character of Business Conducted in Rhode Island  
**TO PROVIDE MARINE MECHANICAL AND MAINTENANCE SERVICES**

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Paul K. Krakowsky</b>			Vice President Name <b>Regina C. Krakowsky</b>		
Street Address <b>31 Denver Avenue</b>			Street Address <b>31 Denver Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Regina C. Krakowsky</b>			Treasurer Name <b>Regina C. Krakowsky</b>		
Street Address <b>31 Denver Avenue</b>			Street Address <b>31 Denver Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Regina C. Krakowsky</b>			Director Name <b>Paul K. Krakowsky</b>		
Street Address <b>31 Denver Avenue</b>			Street Address <b>31 Denver Avenue</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>400</b>	<b>NO PAR VALUE</b>	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 8 7 3 8 \*

File Date **FILED**  
Check No. **JUN 01 2004**  
By: **CW** **By [Signature]**  
FOR SECRETARY OF STATE USE ONLY

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.

**Regina C. Krakowsky** 1/5/04  
Signature of Officer Date

**REGINA C. KRAKOWSKY**  
Print or Type Name of Officer

**VICE PRESIDENT**  
Title of Officer