



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

Annual Report for the year: 2020

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP
 JAN 21 2020
 BY 9580

1. Entity ID Number 128738		2. Exact name of the Corporation PK Marine Service Inc.			
3. Principal Office Address 86 Tupelo Street, Unit 4			City Bristol	State RI	Zip 02809
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Marine mechanical and maintenance services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul K. Krakowsky			Vice-President Name None		
Street Address 51 Belvedere Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Paul K. Krakowsky			Treasurer Name Paul K. Krakowsky		
Street Address 51 Belvedere Drive			Street Address 51 Belvedere Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul K. Krakowsky			Director Name None		
Street Address 51 Belvedere Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
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		CLASS/SERIES
			100		Common
					No Par Value
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 Paul K. Krakowsky					Date
Signature of Authorized Representative 			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