



State of Rhode Island  
 Department of Business Services Division

**FILED STAMP**  
 JAN 23 2020  
 BY 14412 OS

**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.

1. Entity ID Number <b>000033797</b>		2. Exact name of the Corporation <b>Walmsley Marine, Inc.</b>			
3. Principal Office Address <b>300 Market Street</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. NAICS Code <b>811490</b>		6. Brief description of the character of business conducted in Rhode Island <b>sale and repair of boats and marine supplies</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>Arthtur R. Walmsley</b>			Vice-President Name <b>Richard Walmsley</b>		
Street Address <b>PO Box 17995</b>			Street Address <b>10 Matthew Court</b>		
City <b>Sarasota</b>	State <b>FL</b>	Zip <b>34276</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Carol E. Walmsley</b>			Treasurer Name <b>Arthur R. Walmsley</b>		
Street Address <b>PO Box 17995</b>			Street Address <b>PO Box 17995</b>		
City <b>Sarasota</b>	State <b>FL</b>	Zip <b>34276</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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>Arthur R. Walmsley</b>			Director Name <b>Carol E. Walmsley</b>		
Street Address <b>PO Box 17995</b>			Street Address <b>PO Box 17995</b>		
City <b>Sarasota</b>	State <b>FL</b>	Zip <b>34276</b>	City <b>Sarasota</b>	State <b>FL</b>	Zip <b>34276</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.  Changes require an additional filing.			100	common	no par
Name of Authorized Representative <b>Arthur R. Walmsley</b>				Date <b>1/4/2020</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov