



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

FILED

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.

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1. Entity ID Number <u>12432</u>		2. Exact name of the Corporation <u>SNUG HARBOR MARINA, INC</u>			
3. Principal Office Address <u>410 GOOSEBERRY RD</u>		City <u>Wakefield</u>		State <u>RI</u>	Zip <u>02879</u>
4. NAICS Code <u>713930</u>		6. Brief description of the character of business conducted in Rhode Island <u>Saltwater Fishing Tackle outfitter marina Bait, tackle, gas, diesel, snackbar offerings</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name <u>Albert L Conti</u>			Vice-President Name <u>Patricia K Conti</u>		
Street Address <u>410 Gooseberry Rd</u>			Street Address <u>410 Gooseberry Rd</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u></u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <u>Albert L Conti</u>					Date <u>2/21/2020</u>
Signature of Authorized Representative <u>Albert L Conti</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

RIDER TO 2020 ANNUAL REPORT

SNUG HARBOR MARINA, INC

CORPORATE ID NO: 12432

IO

VICE PRESIDENT:

PATRICIA K CONTI
24 GALE DRIVE
SOUTH KINGSTOWN, RI 02879

ASSISTANT PRESIDENT:

ELISA CONTI CAHILL
117E SHERMAN RD
SOUTH KINGSTOWN, RI 02879

SECRETARY:

PATRICIA K CONTI
24 GALE DRIVE
SOUTH KINGSTOWN, RI 02879

ASSISTANT SECRETARY:

MIA T CONTI
214 OLD MILL RD
CHARLESTOWN, RI 02813

TREASURER:

ALBERT L CONTI
24 GALE DRIVE
SOUTH KINGSTOWN, RI 02879

ASSISTANT TREASURER

MATTHEW CONTI
24 GALE DRIVE
SOUTH KINGSTOWN, RI 02879

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