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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.

MAR 0 2 2625	
EY ON ON A	

1. Entity ID Number 19620	2. Exact name of the Corporation INLAND MARINE, INC.							
Principal Office Address	11121112		City		State	Zip		
612 Putnam Pike			Chepachet		RI	02814		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
453991	Marine sales and service.							
5. State of Incorporation	1							
RI								
7 List ALL officers (names and ad	dresses)			С	heck the box to indic	cate an attachment 🔲		
President Name Ross D. Lemieux			Vice-President Name Russell A. Lemieux					
Street Address 21 Ada Road			Street Address 3 Waterman Lake Drive					
City Chepachet	State RI	Zıp 02814	City Chepach	net	State RI	Zip 02814		
Secretary Name Richard E. Lemier				surer Name Randall E. Lemieux				
Street Address 5 Burgate Street			Street Address 19 Pinecrest Drive					
City Chepachet	State RI	Zip 02814	City North Se	cituate	State RI	^{Zıp} 02857		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Ross D. Lemieux			Director Name Russell A. Lemieux					
Street Address 21 Ada Road			Street Address	Street Address 3 Waterman Lake Drive				
City Chepachet	State RI	^{Zip} 02814	City Chepachet		State RI	Zip 02814		
Director Name Richard E. Lemieux			Director Name Randall E. Lemieux					
Street Address 5 Burgate Street	Street Address 19 Pinecrest Drive							
City Chepachet	State Ri	^{Zip} 02814	City North S	cituate	State RI-	Zip .02857		
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 filling.			NJMBER OF SHARES		CLASS/SERIES PAR VALUE Common No par			
		1,000	1,000		ımon	No par		
11. This report must be executed of	on behalf of the	corporation by an a	uthorized repres	entative. If the	corporation is in the	hands of a receiver or		
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 Date								
Ross D. Lemieux 2-28						28 ,2020		
Signature of Authorized Represen	tative	SIGN DO	CUMENT HERE		•			
JURO D. Jum	~~~							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov