



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

Annual Report for the year: **2020**
 Corporation

FILED

MAR 06 2020

1764

- 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 31518		2. Exact name of the Corporation WHARF MARINA, INC.			
3. Principal Office Address 138 WHARF ROAD		City WARWICK		State RI	Zip 02889
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island BUY, SELL, LEASE BOATS, AND OPERATION OF MARINA			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER VASSILOPOULOS			Vice-President Name PETER VASSILOPOULOS		
Street Address 138 WHARF ROAD			Street Address SAME		
City WARWICK	State RI	Zip 02889	City SAME	State SAME	Zip SAME
Secretary Name PETER VASSILOPOULOS			Treasurer Name ANDREA VASSILOPOULOS WOOD		
Street Address SAME			Street Address 138 WHARF ROAD		
City SAME	State SAME	Zip SAME	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER VASSILOPOULOS			Director Name ANDREA VASSILOPOULOS WOOD		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	none
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 PETER VASSILOPOULOS				Date 2-19-20	
Signature of Authorized Representative <i>Peter Vassilopoulos</i>			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