



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021  
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

DEC 22 2020

BY

2436

1. Entity ID Number 42110		2. Exact name of the Corporation C.L. Marine, Inc.			
3. Principal Office Address 2501 West Shore Road			City Warwick	State RI	Zip 02889
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island to engage in repair, service, and sales of marine engines			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Christopher LeVasseur			Vice-President Name Christopher LeVasseur		
Street Address 2501 West Shore Road			Street Address 2501 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Christopher LeVasseur			Treasurer Name Christopher LeVasseur		
Street Address 2501 West Shore Road			Street Address 2501 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Christopher LeVasseur			Director Name		
Street Address 2501 West Shore Road			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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
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>					
Name of Authorized Representative Christopher LeVasseur					Date 12-17-20
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020