RI SOS Filing Number: 202185926920 Date: 1/12/2021 8:56:00 AM

State of Rhode Isla Department o	nd <mark>f State - Busin</mark> e	ess Services	Division	•		A CTATE	
Annual Report for th		RILLES TO STATE					
Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			2828 OCT -7 PH 2: 49				
1. Entity ID Number	2. Exact nam	e of the Corporation					
000123180		port Marine Management Corp					
3. Principal Office Address 14 Regalta Way			City Portsmouth		State RI	Zip 02871	
4. NAICS Code	6. Bnef descr	ption of the charac	ter of business c	onducted in Rhode I	sland	1	
531190 5. State of Incorporation RI	Martne Hold	Martine Holding Company 2021 R. J. DEEL S. DE					
7 List ALL officers (names a	nd addresses)			Check	the box to in	ndicate an altaehment	
President Name Jeff Thomase	Vice-President Name Daniel Kerr						
Street Address 15 Fast 26th Street, 2nd Floor			Street Address	Street Address 14 Regatta Way			
City New York	State NY	Zip 10010	Crty Portmou		State RI	<u>∽</u>	
ecretary Name			Treasurer Nan	Treasurer Name			
Street Address	_		Sveet Address	<u> </u>		 	
City	State	Zp	Crity	- · · ·	State	Z _i p	
8 List ALL directors (names	and addresses)				the box to a	ndicate an attachment 🗖	
Director Name			Director Name	•			
Street Address			Street Address				
City	State	Ζφ	Спу		State	Zip	
Director Name			Director Name				
Street Address	Street Address	Stroet Address					
City	State	Zip	Спу		State	Zip	
9. Shares Authonzed		10. Shares Iss		Check class/seri.		ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		200	AUMBER OF SHARES		5	PAR VALUE	
11. This report must be executionally the second must be a	uted on behalf of the	corporation by an	authorized repres	I sentative. If the corpo	oration is in	the hands of a receiver or	
trustee, this report must be a Under penalty of perjury, i	declare and affirm (hat I have examin	ed this report, I	ncluding any accor	npanying s	chedules and	
statements, and that all statements contained herein are true and corre Name of Authorized Representative				Date			
つか!			10/6/2020				
Signature of Authorized Rep	resentative	<u> </u>				FILED	
MAIL TO:	/					IAN 1 0 2024	

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

