



State of Rhode Island

Department of State - Business Services Division

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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 BUS SVCS DIV

2021-JAN-27 P 2:50

1. Entity ID Number 001690009		2. Exact name of the Corporation Cove Marine Corp			
3. Principal Office Address 2205 Chestnut Street			City North Dighton		State MA
					Zip 02764
4. NAICS Code 487210		6. Brief description of the character of business conducted in Rhode Island charter sailing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Abel Mariano			Vice-President Name Abel Mariano		
Street Address 2205 Chestnut Street			Street Address 2205 Chestnut Street		
City North Dighton	State MA	Zip 02764	City North Dighton	State MA	Zip 02764
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 2205 Chestnut Street			Street Address 2205 Chestnut Street		
City North Dighton	State MA	Zip 02764	City North Dighton	State MA	Zip 02764
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Abel Mariano			Director Name		
Street Address 2205 Chestnut Street			Street Address		
City North Dighton	State MA	Zip 02764	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		
			1,000,000		
			CWP		
			0.0010		
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 Abel Mariano					Date 1/22/21
Signature of Authorized Representative 					FILED

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

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