



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019

## 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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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                |                                                                                                                       |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>001690009                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | 2. Exact name of the Corporation<br>Cove Marine Corp                                           |                                                                                                                       | 2021 JAN 21 P 2:51 |              |
| 3. Principal Office Address<br>2205 Chestnut Street                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                | City<br>North Dighton                                                                                                 | State<br>MA        | Zip<br>02764 |
| 4. NAICS Code<br>487210                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 6. Brief description of the character of business conducted in Rhode Island<br>charter sailing |                                                                                                                       |                    |              |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                |                                                                                                                       |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                |                                                                                                                       |                    |              |
| President Name<br>Abel Mariano                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                | Vice-President Name<br>Abel Mariano                                                                                   |                    |              |
| Street Address<br>2205 Chestnut Street                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                | Street Address<br>2205 Chestnut Street                                                                                |                    |              |
| City<br>North Dighton                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br>MA | Zip<br>02764                                                                                   | City<br>North Dighton                                                                                                 | State<br>MA        | Zip<br>02764 |
| Secretary Name<br>Abel Mariano                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                | Treasurer Name<br>Abel Mariano                                                                                        |                    |              |
| Street Address<br>2205 Chestnut Street                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                | Street Address<br>2205 Chestnut Street                                                                                |                    |              |
| City<br>North Dighton                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br>MA | Zip<br>02764                                                                                   | City<br>North Dighton                                                                                                 | State<br>MA        | Zip<br>02764 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                                |                                                                                                                       |                    |              |
| Director Name<br>Abel Mariano                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                | Director Name                                                                                                         |                    |              |
| Street Address<br>2205 Chestnut Street                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                | Street Address                                                                                                        |                    |              |
| City<br>North Dighton                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br>MA | Zip<br>02764                                                                                   | 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                | NUMBER OF SHARES                                                                                                      |                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                | CLASS/SERIES                                                                                                          |                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                | 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.<br><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<br>Abel Mariano                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                |                                                                                                                       | Date<br>1/22/21    |              |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                |                                                                                                                       | <b>FILED</b>       |              |

## MAIL TO:

Division of Business Services

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

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JAN 27 2021

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FORM 630 - Revised: 08/2020