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

FILED
FEB 04 2021 STAMP
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
20096	**PLEASANT STREET WHARF, INC.**

3. Principal Office Address	City	State	Zip
160 Pleasant Street	**North Kingstown**	**RI**	**02852**

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
71 - Arts, Entertainment, and R	**Operation of boat yard and marina, sale of marine equipment and all business associated therewith**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Marilyn B. Collins**	Vice-President Name: **Eric Collins**
Street Address: **160 Pleasant Street**	Street Address: **89 Stony Lane**
City: **North Kingstown** State: **RI** Zip: **02852**	City: **North Kingstown** State: **RI** Zip: **02852**
Secretary Name: **Chris Collins**	Treasurer Name: **Marilyn Collins**
Street Address: **146 Pendar Road**	Street Address: **160 Pleasant Street**
City: **North Kingstown** State: **RI** Zip: **02852**	City: **North Kingstown** State: **RI** Zip: **02852**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Marilyn Collins**	Director Name:
Street Address: **160 Pleasant Street**	Street Address:
City: **North Kingstown** State: **RI** Zip: **02852**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**common**	**1.00**

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	Date
Eric M. Collins	1-22-21

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2016