State of Rhode Island

Department of State - Business Services Division

FILED
FEB 10 202? 8
294891

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
19620	INLAND MARINE, INC.

3. Principal Office Address	City	State	Zip
612 Putnam Pike	Chepachet	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453991	Marine sales and service
5. State of Incorporation	
RI	

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

President Name	Street Address	City	State	Zip
Ross D. Lemieux	21 Ada Road	Chepachet	RI	02814

Vice-President Name	Street Address	City	State	Zip
Russell A. Lemieux	3 Waterman Lake Drive	Chepachet	RI	02814

Secretary Name	Street Address	City	State	Zip
Richard E. Lemieux	5 Burgate Street	Chepachet	RI	02814

Treasurer Name	Street Address	City	State	Zip
Randall E. Lemieux	19 Pinecrest Drive	North Scituate	RI	02857

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

Director Name	Street Address	City	State	Zip
Ross D. Lemieux	21 Ada Road	Chepachet	RI	02814

Director Name	Street Address	City	State	Zip
Russell A. Lemieux	3 Waterman Lake Drive	Chepachet	RI	02814

Director Name	Street Address	City	State	Zip
Richard E. Lemieux	5 Burgate Street	Chepachet	RI	02814

Director Name	Street Address	City	State	Zip
Randall E. Lemieux	19 Pinecrest Drive	North Scituate	RI	02857

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
1,000	Common	No Par Value

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
Ross D. Lemieux	X 1-30-21

Signature of Authorized Representative

X Ross D. Lemieux

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