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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 16 2021
BY 12913

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		
99904	Lenmarine, Inc.		
3 Principal Office Address	**City**	**State**	**Zip**
99 Poppasquash Road	Bristol	RI	02809
4 NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
713930	Operation and conducting of a boatyard and marina, and real estate management		
5. State of Incorporation			
Rhode Island			

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

President Name: Andrew T. Tyska			Vice-President Name: Andrew T. Tyska		
Street Address: 99 Poppasquash Road			Street Address: 99 Poppasquash Road		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Andrew T. Tyska			Treasurer Name: Andrew T. Tyska		
Street Address: 99 Poppasquash Road			Street Address: 99 Poppasquash Road		
City: Bristol	State:	Zip:	City: Bristol	State: RI	Zip: 02809

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

Director Name: Andrew T. Tyska			Director Name:		
Street Address: 99 Poppasquash Road			Street Address:		
City: Bristol	State: RI	Zip: 02809	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
400	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
Andrew T. Tyska	1/28/21

Signature of Authorized Representative

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