RI SOS Filing Number: 202192404040 Date: 2/19/2021 4:00:00 PM

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

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.

FEB 19 2021

1. Entity ID Number	2. Exact name of the Corporation
31518	WHARF MARINA, INC.

3. Principal Office Address	City	State	Zip
2055 Division Road	East Greenwich	RI	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453220	BUY, SELL, LEASE BOATS, AND OPERATION OF MARINA
5. State of Incorporation	
RI	

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

President Name: PETER VASSILOPOULOS			Vice-President Name: PETER VASSILOPOULOS		
Street Address: 2055 Division Road			Street Address: SAME		
City: East Greenwich	State: RI	Zip: 02889	City: SAME	State: SAME	Zip: SAME
Secretary Name: PETER VASSILOPOULOS			Treasurer Name: ANDREA VASSILOPOULOS WOOD		
Street Address: SAME			Street Address: 2055 Division Road		
City: SAME	State: SAME	Zip: SAME	City: East Greenwich	State: RI	Zip: 02889

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

Director Name: PETER VASSILOPOULOS			Director Name: ANDREA VASSILOPOULOS WOOD		
Street Address: SAME			Street Address: SAME		
City: SAME	State: SAME	Zip: SAME	City: SAME	State: SAME	Zip: SAME
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
100	common	none

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
PETER VASSILOPOULOS	1-22-2021

Signature of Authorized Representative: Peter Vassilopoulos Pres

SEQUENCE NUMBER

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: 10/2017