



State of Rhode Island

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.

FILED

FEB 22 2021

BY

1. Entity ID Number 87655		2. Exact name of the Corporation SHORELINE DIVING SERVICES, INC.			
3. Principal Office Address PO BOX 692			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island TO RENDER DIVING SERVICES TO THE COMMERCIAL AND PLEASURE BOAT FLEET			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD G. MARQUARDT			Vice-President Name RICHARD G. MARQUARDT		
Street Address 1004 LAFAYETTE ROAD			Street Address 1004 LAFAYETTE ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD G. MARQUARDT			Director Name NONE		
Street Address 1004 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 RICHARD G. MARQUARDT, PRESIDENT					Date 2/19/21
Signature of Authorized Representative <i>Richard G. Marquardt</i>					

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