State of Rhode Island
Department of State - Business Services Division

FILED
FEB 25 2021
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		
35243	Rhode Island Mooring Services, Inc		
3. Principal Office Address	City	State	Zip
15 Patrol Road, Davisville	North Kingstown	RI	02852
4. NAICS Code: 813990	6. Brief description of the character of business conducted in Rhode Island: Moorings and related services for pleasure and commercial vehicles.		
5. State of Incorporation: RI			

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

President Name: Richard DeSalvo			Vice-President Name: John L. Sweeney		
Street Address: 15 Patrol Road, Davisville			Street Address: 134 Aquidneck Avenue		
City: North Kingstown	State: RI	Zip: 02852	City: Middletown	State: RI	Zip: 02842
Secretary Name: Turner C. Scott			Treasurer Name: John L. Sweeney		
Street Address: 122 Touro Street			Street Address: 134 Aquidneck Avenue		
City: Newport	State: RI	Zip: 02840	City: Middletown	State: RI	Zip: 02842

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$0.00

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
Richard DeSalvo	2/19/21

Signature of Authorized Representative: Richard DeSalvo

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