



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 MAR 18 A-H-23

1. Entity ID Number 128946		2. Exact name of the Corporation MELSCO, Inc.			
3. Principal Office Address ATTN: Lisa Dorr, Dorr Aviation, 87 Apple Tree Lane			City New Bedford	State MA	Zip 02740
4. NAICS Code 523999		6. Brief description of the character of business conducted in Rhode Island To own and hold a boat.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name Melbourne S. Dorr			Vice-President Name None		
Street Address 87 Apple Tree Lane			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
Secretary Name Melbourne S. Dorr			Treasurer Name Melbourne S. Dorr		
Street Address 87 Apple Tree Lane			Street Address 87 Apple Tree Lane		
City New Bedford	State MA	Zip 02740	City New Bedford	State MA	Zip 02740
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Melbourne S. Dorr			Director Name		
Street Address 87 Apple Tree Lane			Street Address		
City New Bedford	State MA	Zip 02740	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$0.01 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 Melbourne S. Dorr, President				Date February , 2021	
Signature of Authorized Representative 					

FILED

3/16/21

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAR 18 2021  
KD JL 3  
11:23

FORM 630 - Revised: 08/2020