



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2022 JAN 21 PM 2:44

1. Entity ID Number 000150826		2. Exact name of the Corporation Appledore Marine Engineering, Inc.			
3. Principal Office Address 600 State Street, Suite E			City Portsmouth	State NH	Zip 03801
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Civil, Structural, Marine engineering consultants			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noah J. Elwood			Vice-President Name Kirk F. Riden		
Street Address 600 State Street Suite E			Street Address 600 State Street Suite E		
City Portsmouth	State NH	Zip 03801	City Portsmouth	State NH	Zip 03801
Secretary Name			Treasurer Name		
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 Noah J. Elwood			Director Name Kirk F. Riden		
Street Address 600 State Street Suite E			Street Address 600 State Street Suite E		
City Portsmouth	State NH	Zip 03801	City Portsmouth	State NH	Zip 03801
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			10,000	CNP	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. <i>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.</i>					
Name of Authorized Representative Noah J. Elwood				Date 1/21/2022	
Signature of Authorized Representative <i>Noah Elwood</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

FILED
JAN 21 2022
BY *NVRCH*
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