



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

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 FOR SECRETARY OF STATE
 DEPT. OF STATE
 BUS SVCS DIV
 2023 FEB 14 11:00

1. Entity ID Number 001728707		2. Exact name of the Corporation North up Maritime, Inc.			
3. Principal Office Address 118 Pettee Avenue			City North Kingstown	State RI	Zip 02852
4. NAICS Code 488390		6. Brief description of the character of business conducted in Rhode Island Investment and operation related to Maritime Projects			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Adam R. Graves			Vice-President Name		
Street Address 118 Pettee Avenue			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Adam R. Graves			Treasurer Name Adam R. Graves		
Street Address 118 Pettee Avenue			Street Address 118 Pettee Avenue		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100 Common with 0.01 Par			
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 Adam R. Graves				Date 2/6/2023	
Signature of Authorized Representative <i>[Signature]</i>				FILED 1108 FEB 14 2023 BY X 727D	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov