



State of Rhode Island
Department of State - Business Services Division

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.

FILED
 FEB 21 2023
 BY *[Signature]*
[Signature]

1. Entity ID Number 000040633		2. Exact name of the Corporation Bay Marina, Inc.			
3. Principal Office Address 1088 West Shore Road		City Warwick		State RI	Zip 02921
4. NAICS Code 713530		6. Brief description of the character of business conducted in Rhode Island To Operate a Marina			
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 Anthony D. Altrui			Vice-President Name Kristin Altrui		
Street Address Box 357			Street Address 175 Mohawk Trail		
City Hope		State RI	Zip 02831	City Cranston	
		State RI	Zip 02921		
Secretary Name Kristin Altrui			Treasurer Name Anthony D. Altrui		
Street Address 175 Mohawk Trail			Street Address Box 357		
City Cranston		State RI	Zip 02921	City Hope	
		State RI	Zip 02831		
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 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	PAR VALUE
		2000		Common	No 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. 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 ANTHONY D. ALTRUI					Date 2-15-2023
Signature of Authorized Representative <i>Anthony D Altrui</i>					

MAIL TO:
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 Website: www.sos.ri.gov