

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**  
MAR 22 2023  
BY 1476  
ad

1. Entity ID Number 001742799		2. Exact name of the Corporation SHORELINE AMUSEMENT INC			
3. Principal Office Address 10 NATE WHIPPLE HWY - BLDG MICH			City CUMBERAND	State RI	Zip 02864
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		INFLATABLES RENTALS			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name NORBERT P. SZUMLANSKI			Vice-President Name		
Street Address 16 COLWELL DR			Street Address		
City CUMBERAND	State RI	Zip 02864	City	State	Zip
Secretary Name NORBERT P. SZUMLANSKI			Treasurer Name NORBERT P. SZUMLANSKI		
Street Address 16 COLWELL DR			Street Address 16 COLWELL DR		
City CUMBERAND	State RI	Zip 02864	City CUMBERAND	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name NORBERT P. SZUMLANSKI			Director Name		
Street Address 16 COLWELL DR			Street Address		
City CUMBERAND	State RI	Zip 02864	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0
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.					
<b>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.</b>					
Name of Authorized Representative <u>Norbert Szumlanski</u>					Date 3/13/23
Signature of Authorized Representative NORBERT P. SZUMLANSKI					

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