

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

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 CUMBERLAND		State RI
			Zip 02864		
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island INFLATABLES RENTALS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORBERT P. SZUMLANSKI			Vice-President Name		
Street Address 16 COLWELL DR			Street Address		
City CUMBERLAND	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 CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NORBERT P. SZUMLANSKI			Director Name		
Street Address 16 COLWELL DR			Street Address		
City CUMBERLAND	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 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 100		CLASS/SERIES CNP
			PAR VALUE 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. 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 Norbert P. Szumlanski					Date 3/13/23
Signature of Authorized Representative NORBERT P. SZUMLANSKI					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov