



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP -5 P 2:43

1. Entity ID Number 000002526		2. Exact name of the Corporation Block Island Marina Inc.			
3. Principal Office Address 99 High Street			City Block Island	State RI	Zip 02807
4. NAICS Code 441222		6. Brief description of the character of business conducted in Rhode Island Engage in the Business of Boat Repair and Storage			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth C. Lacoste			Vice-President Name Marlee T. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Marlee T. Lacoste			Treasurer Name Kenneth C. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth C. Lacoste			Director Name		
Street Address 99 High Street			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		1,000	CNP	0.0	
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. <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 K. Erik Wallin				Date 8/28/23	
Signature of Authorized Representative 					

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

SEP 05 2023

2:45pm

FORM 630- Revised: 04/2023

BY LKS F3XKA