



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

FEB 09 2024

BY 31049

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

1. Entity ID Number 128738		2. Exact name of the Corporation PK Marine Service Inc.			
3. Principal Office Address 86 Tupelo Street, Unit 4			City Bristol	State RI	Zip 02809
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Marine mechanical and maintenance services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul K. Krakowsky			Vice-President Name None		
Street Address 51 Belvedere Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Paul K. Krakowsky			Treasurer Name Paul K. Krakowsky		
Street Address 51 Belvedere Drive			Street Address 51 Belvedere Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul K. Krakowsky			Director Name None		
Street Address 51 Belvedere Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
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/SLR/ILS
			100		Common
			PAR VALUE		No Par Value
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 Paul K. Krakowsky				Date	
Signature of Authorized Representative 					

MAIL TO:
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