



State of Rhode Island
Department of State - Business Services Division

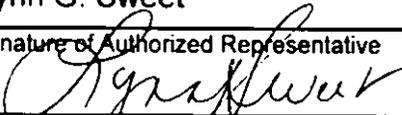
Annual Report for the year: 2024

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 23 2024
BY 1068

1. Entity ID Number 137655		2. Exact name of the Corporation Ninigret Marine, Inc.			
3. Principal Office Address 3964 South County Trail			City Charlestown	State RI	Zip 02813
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island To engage in buying, selling and supply of marine construction hardware			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Lynn G. Sweet			Vice-President Name		
Street Address 3964 South County Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Lynn G. Sweet			Treasurer Name Lynn G. Sweet		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lynn G. Sweet			Director Name		
Street Address same as above			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
		100		common	-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 Lynn G. Sweet					Date 2/11/2024
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