



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.

3/25/2024

REC'D
24 MAR 15 PM 1:47:25
ID05 BSD

1. Entity ID Number 16 93546		2. Exact name of the Corporation RHODE ISLAND MARITIME SERVICES, INC.	
3. Principal Office Address 15 SENECA LANE		City SANDWICH	State MA
		Zip 02563	
4. NAICS Code 488300	6. Brief description of the character of business conducted in Rhode Island MARINE ASSISTANCE - TOWING, SALVAGE, AND ENVIRONMENTAL SERVICES		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAMSEY CHASON		Vice-President Name RAMSEY CHASON	
Street Address 15 SENECA LANE		Street Address 15 SENECA LANE	
City SANDWICH	State MA	City SANDWICH	State MA
Zip 02563		Zip 02563	
Secretary Name RAMSEY CHASON		Treasurer Name RAMSEY CHASON	
Street Address 15 SENECA LANE		Street Address 15 SENECA LANE	
City SANDWICH	State MA	City SANDWICH	State MA
Zip 02563		Zip 02563	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RAMSEY CHASON		Director Name	
Street Address 15 SENECA LANE		Street Address	
City SANDWICH	State MA	City	State
Zip 02563		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		1000	es STK
			.01
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 RAMSEY CHASON		Date 3/21/2024	
Signature of Authorized Representative 		FILED MAR 25 2024 BY XLY 20 AA. 1:50 pm	