



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.

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1. Entity ID Number <b>16 93546</b>		2. Exact name of the Corporation <b>RHODE ISLAND MARITIME SERVICES, INC.</b>			
3. Principal Office Address <b>15 SENECA LANE</b>		City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>	
4. NAICS Code <b>488300</b>	6. Brief description of the character of business conducted in Rhode Island <b>MARINE ASSISTANCE - TOWING, SALVAGE, AND ENVIRONMENTAL SERVICES</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RAMSEY CHASON</b>		Vice-President Name <b>RAMSEY CHASON</b>			
Street Address <b>15 SENECA LANE</b>		Street Address <b>15 SENECA LANE</b>			
City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>	City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>
Secretary Name <b>RAMSEY CHASON</b>		Treasurer Name <b>RAMSEY CHASON</b>			
Street Address <b>15 SENECA LANE</b>		Street Address <b>15 SENECA LANE</b>			
City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>	City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RAMSEY CHASON</b>		Director Name			
Street Address <b>15 SENECA LANE</b>		Street Address			
City <b>SANDWICH</b>	State <b>MA</b>	Zip <b>02563</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>	<b>es STK</b>	<b>.01</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>RAMSEY CHASON</b>				Date <b>3/21/2024</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 25 2024</b> <b>BY XLY 20</b> <b>AA. 1:50 pm</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 630- Revised 12/2023