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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

APR 1 8 2024
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Penalty: Additional \$25.00 fe	ee if form is not fi	ied by May 31.						
Entity ID Number	2. Exact name of the Corporation							
000035243	Rhode Island Mooring Services, Inc							
Principal Office Address		City					Zip	
15 Patrol Road, Davisville	Davisville			Kingstown	RI		02852	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
813990	Moorings and related services for pleasure and commercial vehicles							
5. State of incorporation RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Richard DeSalvo			Vice-President Name John L. Sweeney					
Street Address 15 Patrol Road, Davisville			Street Address 134 Aquidneck Avenue					
^{City} North Kingstown	State RI	^{Zip} 02852		y Middletown		RI	Zip 02842	
Consider, Nome	Name Turner C. Scott			Treasurer Name John L. Sweeney				
Street Address 122 Touro Street			Street Address 134 Aquidneck Ave					
^{City} Newport	State RI	^{Zip} 02840	^{City} Middletown		State RI		Zip 02842	
8. List ALL directors (names and ad	dresses)	•	4	Check the bo	ox to indi	cate an atta	chment 🔲	
Director Name			Director Na	ime				
Street Address		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 th			e box to indicate an attachment			
This information is currently of record in the NUMB Department of State. 100		NUMBER OF SE						
		100		Common \$		\$0.00	0.00	
Changes require an additional filing.					_			
11. This report must be executed or ceiver or trustee, this report must be					ration is	in the hand	s of a re-	
ceiver 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					Date			
RICHARD DESALVO					3-28-2024			
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