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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ 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	2. Exact name of the Corporation		
000070290	Casey's Marina, Inc.		
3. Principal Office Address	City	State	Zip
1 Spring Wharf	Newport	RI	02840
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island		
713900	To operate a marina		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William R. Casey			Vice-President Name		
Street Address: 11 Waites Wharf			Street Address		
City: Newport	State: RI	Zip: 02840	City	State	Zip
Secretary Name: William R. Casey			Treasurer Name		
Street Address: 11 Waites Wharf			Street Address		
City: Newport	State: RI	Zip: 02840	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: William R. Casey			Director Name		
Street Address: 11 Waites Wharf			Street Address		
City: Newport	State: RI	Zip: 02840	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	cnp	0.00

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	Date
William R. Casey FILED 211	05/16/2024
Signature of Authorized Representative: William R. Casey	MAY 16 2024 MAY 16 2024 BY BY PJ

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