



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31

REC'D RIDOS BSD
24 MAY 16 PM 2:06:06

STAMP

1. Entity ID Number 000070290		2. Exact name of the Corporation Casey's Marina, Inc.			
3. Principal Office Address 1 Spring Wharf			City Newport	State RI	Zip 02840
4. NAICS Code 713900	6. Brief description of the character of business conducted in Rhode Island 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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIALS cnp	PAR VALUE 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 William R. Casey				Date 05/16/2024	
Signature of Authorized Representative <i>William R. Casey</i>					

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

BY

MAY 16 2024

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