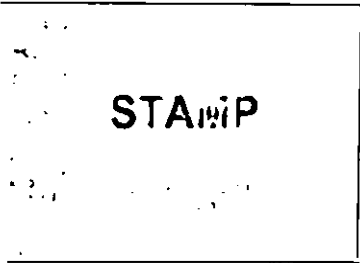




State of Rhode Island  
Department of State - Business Services Division



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.

1. Entity ID Number <b>001664864</b>		2. Exact name of the Corporation <b>Marine Interdiction Services, Inc.</b>			
3. Principal Office Address <b>251 Franklin Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>333618</b>		6. Brief description of the character of business conducted in Rhode Island <b>Marines.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Julie C. Connett</b>			Vice-President Name		
Street Address <b>251 Franklin Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>Julie C. Connett</b>			Treasurer Name <b>Stephen M.H. Connett, Jr.</b>		
Street Address <b>251 Franklin Street</b>			Street Address <b>251 Franklin Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Julie C. Connett</b>			Director Name		
Street Address <b>251 Franklin Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	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.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>90</b>	CLASS/SERIES <b>Common Shares</b>	PAR VALUE <b>0.01 par value</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>Julie C. Connett</b>				FILED	Date <b>5/21/24</b>
Signature of Authorized Representative <i>Julie C. Connett</i>				<b>MAY 28 2024</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

BY 2N2BX PJ