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 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

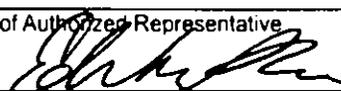


**State of Rhode Island
 Department of State - Business Services Division**

Annual Report for the year: **2022**

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 39626		2. Exact name of the Corporation MARINE & AUTO SAVINGS, INC.			
3. Principal Office Address 193 THURNERS AVENUE			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 453990		6. Brief description of the character of business conducted in Rhode Island BUYING AND SELLING OF FISHING EQUIPMENT AND GEAR.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONIO A. PIRES			Vice-President Name EDITE C. PIRES		
Street Address 198 RHODES STREET			Street Address 198 RHODES STREET		
City PROVIDENCE	State RI	Zip 02903	City WARWICK	State RI	Zip 02889
Secretary Name EDITE C. PIRES			Treasurer Name EDITE C. PIRES		
Street Address 121 ETON AVENUE			Street Address 198 RHODES STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO A. PIRES			Director Name EDITE PIRES		
Street Address 198 RHODES STREET			Street Address 198 RHODES STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	COMMON	NO PAR	
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 EDITE C. PIRES					Date 06-24-2024
Signature of Authorized Representative 					

FILED
AUG - 8 2024
BY AOB6M

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