



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

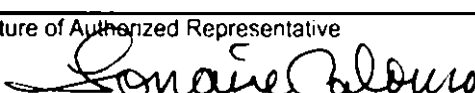
Corporation

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

FILED

JAN 15 2025

BY 

1. Entity ID Number 000085377		2. Exact name of the Corporation Maritime Information Systems, Inc			
3. Principal Office Address 67 Cliff Drive			City Bristol	State RI	Zip 02809
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Provides Consulting, Contracting and Hosting Services of Maritime and Non- Maritime Companies			
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 Moses J Calouro			Vice-President Name		
Street Address 11 Snow Shore Road			Street Address		
City Orleans	State MA	Zip 02653	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 the box to indicate an attachment <input type="checkbox"/>		
This Information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 LORRAINE CALOURO					Date 1/13/25
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