



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

MAR 04 2025

BY

110076

1. Entity ID Number 000142365		2. Exact name of the Corporation In Motion Marine Repair, Inc.			
3. Principal Office Address 106 Cross Street Ext. Unit 8		City Westerly		State RI	Zip 02891
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island Marine Repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Micahel A. Logan, Jr.		Vice-President Name Micahel A. Logan, Jr.			
Street Address 106 Cross Street Ext. Unit 8		Street Address 106 Cross Street Ext. Unit 8			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Micahel A. Logan, Jr.		Treasurer Name Micahel A. Logan, Jr.			
Street Address 106 Cross Street Ext. Unit 8		Street Address 106 Cross Street Ext. Unit 8			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Micahel A. Logan, Jr.		Director Name			
Street Address 106 Cross Street Ext. Unit 8		Street Address			
City Westerly	State RI	Zip 02891	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
		2000	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. <i>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.</i>					
Name of Authorized Representative Micahel A. Logan, Jr.				Date 2/27/25	
Signature of Authorized Representative					

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

FORM 630- Revised: 12/2023