State of Rhode Island				FILED				
Department of State - Business Services D				vision				
Annual Report for the year: 2025				APR <b>08</b> 2025				
Corporation  Filing period: February 1 - May 1			GENRY 7300					
Filing Fee: \$50.00			<u></u>					
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation								
40560	BREEZY POINT MARINA INC.							
3. Principal Office Address	1116		City	HRWICK	State	T	21p 108899	
33 SAYLES	Florida constitu	n of the character			l / /	<u></u>	460/	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island  8.11490  0.5.0.147.0.100.1N.WATER								
5. State of Incorporation PRINTAL OFBUAT SLIPS IN WATER								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
Fresident Name JOHN F. MAROTTO			Vice-President Name MICHAEL MAROTTO					
Stree: Address 33 SAYLES AVE,			Street Address 3/ GILAMAN PD					
city WARWICK	$^{State}\!\mathcal{R}\mathcal{I}$	z.02889	City HO	PE VALLEY	State	PI_	02833	
Secretary Name DIANE PLANTE				Treasurer Name DENISE BOUCHARD				
SICCO Address / ERIC JOHN C DURT			Street Address 672 ATWOOD AVE,					
CITY EXETER	State RI	z.60982	CIVCI	PANSTUNI	State	I	<sup>2</sup> 22920	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment Li								
Director Name C HRISTOPHER MAROTTO			UIANE PLANTE					
Street Address 31 GILMAN ST.			MIERIC JOHN COURT					
HOPE VALLEY	State RI	2002832			State	PI	<sup>z</sup> 82852	
DENNE BOUCHARD				Director Name MICHAEL MARDTO				
Street Address 672 ATWOOD AVE.				Street Address 31 GILMAN RD.				
		ZP02920	CIN HUF	EVALLEY	State	PI	z82833	
9. Shares Authonzed		10. Shares Issue	d	Check the box	to indi	cate an atta		
This information is currently of record in the Department of State. Changes require an additional filing.		800	)		STK		<u></u>	
		800		3176	J 11C		/	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
JOHN F, MAROTTO  Signature of Authorized Regressorative								
Signature of Authorized Representative								

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