



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

JUN 02 2025

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BY

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 JUN -2 P-4:08

1. Entity ID Number 118209		2. Exact name of the Corporation McConnell Marine Services, Inc.			
3. Principal Office Address 60 Wildwood Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Marine engine and marine electrical systems installation, repair and maintenance			
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 Daren B. McConnell			Vice-President Name None		
Street Address 60 Wildwood Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Laurie A. McConnell			Treasurer Name Laurie A. McConnell		
Street Address 60 Wildwood Road			Street Address 60 Wildwood Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daren B. McConnell			Director Name Laurie A. McConnell		
Street Address 60 Wildwood Road			Street Address 60 Wildwood Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No 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 Daren B. McConnell					Date 5/30, 2025
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