



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 52956		2. Exact name of the Corporation WICKBAY PROPERTIES, INC.			
3. Principal office address 65 Reynolds Street			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-884-7014			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MARINE AND MARINE REPAIR FACILITY					
President Name JOHN D. BREWER, JR.			Vice-President Name WALTER L. COLANTUONO		
Street Address 155 E. POST ROAD			Street Address 55 MILL LANE		
City MAMARONECK	State NY	Zip 10543	City PORTSMOUTH	State RI	Zip 02871
Secretary Name WALTER L. COLANTUONO			Treasurer Name JOHN D. BREWER, JR.		
Street Address 55 MILL LANE			Street Address 155 E. POST ROAD		
City PORTSMOUTH	State RI	Zip 02871	City MAMARONECK	State NY	Zip 10543
Director Name JOHN D. BREWER, JR.			Director Name		
Street Address 155 E. POST ROAD			Street Address		
City MAMARONECK	State NY	Zip 10543	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5000	COMMON	NO PAR VALUE

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.



FILED

FEB 23 2015

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.

[Signature] **02/20/2015**
 Signature of Authorized Representative Date

WALTER L. COLANTUONO
 Print or Type Name of Authorized Representative

BY 32857