



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
STAMP
MAR 29 2024**
BY *Yalys*

1. Entity ID Number <i>58156</i>		2. Exact name of the Corporation <i>Marina</i> Newport On-Shore, Inc			
3. Principal Office Address 405 Thames Street			City Newport	State RI	Zip 02840
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island Marina Condominium Association			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donnell W. Murphy			Vice-President Name		
Street Address 3 Wisteria Drive			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Secretary Name Kiki Slee-Mcmahon			Treasurer Name		
Street Address 20 School Street			Street Address		
City Newport	State RI	Zip 02840	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
		100	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. 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 <i>Donnell W. Murphy President</i>					Date <i>3/5/24</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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