2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900003261

Entity Name: MARINE ACOUSTICS, INC.

Current Principal Place of Business:

14581 OCEAN BLUFF DRIVE FORT MYERS, FL 33908

Current Mailing Address:

809 AQUIDNECK AVENUE MIDDLETOWN, RI 02842

FEI Number: 04-2993452

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	SECRETARY, TREASURER, DIRECTOR, VP	Title	CFO, VP, OFFICER, DIRECTOR
Name	ELLISON, WILLIAM T	Name	GOMES, PATRICIA A
		Address	831 BULGARMARSH ROAD
Address	260 ODIORNE RD.	City-State-Zip:	TIVERTON RI 02878
City-State-Zip:	PORTSMOUTH NH 03801		
		Title	PRESIDENT, DIRECTOR, OFFICER
Title	CEO, VP, DIRECTOR, OFFICER	Name	STEWART, THOMAS
Name	SPIKES, CLAYTON H	Address	232 ADELAIDE AVENUE
Address	14581 OCEAN BLUFF DRIVE		
City-State-Zip:	FORT MYRES FL 33908	City-State-Zip:	PROVIDENCE RI 02907
, , , , , , , , , , , , , , , , , , ,		Title	VP, OFFICER, DIRECTOR
Title	VP, DIRECTOR, OFFICER	Name	VIGNESS-RAPOSA, KATHLEEN J
Name	GRAF, KENNETH		
Address	121 MORAINE COURT	Address	20 BOYER STREET
		City-State-Zip:	NORTH KINGSTOWN RI 02852
City-State-Zip:	SOUTH KINGSTOWN RI 02879		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. GOMES

VICE PRESIDENT

02/05/2015 Date

Date

Electronic Signature of Signing Officer/Director Detail