



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 2016

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. 112758		2. Exact name of the Corporation SUNSET YACHTS INC.			
3. Principal office address 123 DYER STREET		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-272-3500		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE BOATS AND YACHTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL M. FLAXMAN			Vice-President Name		
Street Address 200 STERLING ROAD			Street Address		
City HARRISON	State NY	Zip 10538	City	State	Zip
Secretary Name JOAN E. FLAXMAN			Treasurer Name JOAN E. FLAXMAN		
Street Address 200 STERLING ROAD			Street Address 200 STERLING ROAD		
City HARRISON	State NY	Zip 10538	City HARRISON	State NY	Zip 10538
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL M. FLAXMAN			Director Name		
Street Address 200 STERLING ROAD			Street Address		
City HARRISON	State NY	Zip 10538	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NO PAR

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 10 2016

BY **KL 1277**

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 of Authorized Representative

MICHAEL M. FLAXMAN

Print or Type Name of Authorized Representative

2/10/16
Date