



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. 000797456		2. Exact name of the Corporation Sperry Sails, Inc.				
3. Principal office address 11 MARCONI LANE			City MARION	State MA	Zip 02738	
4. Business Phone No. 5087482581		5. State of Incorporation MA				
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF SAILS AND CANVAS						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name MATT SPERRY			Vice-President Name			
Street Address P.O. BOX 461			Street Address			
City MARION	State MA	Zip 02738	City	State	Zip	
Secretary Name ASIA SPERRY			Treasurer Name STEPHEN C SPERRY			
Street Address 82 CRITCHETT ROAD			Street Address 284 MARION ROAD			
City CANDIA	State NH	Zip 03034	City ROCHESTER	State MA	Zip 02770	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name MATTHEW SPERRY			Director Name STEPHEN SPERRY			
Street Address P.O. BOX 461			Street Address 284 MARION ROAD			
City MARION	State MA	Zip 02738	City ROCHESTER	State MA	Zip 02770	
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	NPV

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

FILED

FEB 10 2016

By: 2107370

A.A. 4:29p.m.

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 _____ Date 01/11/2016

Matt Sperry
 Print or Type Name of Authorized Representative