



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. 80966		2. Exact name of the Corporation Kestral Navigation, Ltd.			
3. Principal office address 8 FREEBODY STREET		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FOR SAILING ACTIVITIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN G. COUMANTAROS			Vice-President Name		
Street Address C/O M.R. WEISER & CO., LLP, 133 WEST 50TH ST.			Street Address		
City NEW YORK	State NY	Zip 10020-1229	City	State	Zip
Secretary Name GEORGE D. KAPETANAKOS			Treasurer Name GEORGE D. KAPETANAKOS		
Street Address 400 EAST 56th STREET			Street Address 400 EAST 56th STREET		
City NEW YORK	State NY	Zip 10022	City NEW YORK	State NY	Zip 10022
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN G. COUMANTAROS			Director Name GEORGE D. KAPETANAKOS		
Street Address C/O M.R. WEISER & CO., LLP, 133 WEST 50TH ST.			Street Address 400 EAST 56th STREET		
City NEW YORK	State NY	Zip 10020-1229	City NEW YORK	State NY	Zip 10022
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

FILED

FEB 22 2016

BY _____

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 **2/11/16**

Print or Type Name of Authorized Representative **John G. Coumantaras**