

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Business Corporation Annual Report 2016

Films: Review, January 1 - Merch 1

In accordance with $E.i.\,G.i.\,$ 7-1.2-1831(a), each corporation taking or refusing to file its smoot record within thirty (30) days after the time prescribed by law (E.I.G.L...7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1501(c&d)) is subjec	t to a penalty fee of \$25,00.			
ANNUAL REPORT	YEAR: 2016			
1. Corporate ID No	o. <u>000164406</u>			
2. Name of Corpor	ration <u>PIRATE COVE YAC</u>	HT SALES, IN	<u>C.</u>	
3. Street Address F	Principal Business Office:			
No. and Street: City or Town:	109 POINT STREET PORTSMOUTH	State: RI	Zip: <u>02871</u>	Country: <u>USA</u>
4. Business Phone No.				
5. State of Incorporation				
State: RI				
6. Brief Description of the Character of Business Conducted in Rhode Island				
TO MAINTAIN A MARINA & RELATED SERVICES MAR 1 6 2016				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.				
Title	Individual I First, Middle, Las			Iress State, Zip Code, Country
PRESIDENT			739 WAPPING ROAD PORTSMOUTH, RI 02871 USA	
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8. Shares Authorized and Issued

3/12/2016

Total Class of Stock Par Value Per Share Series of Stock Issued and Total Authorized Outstanding Num of Shares Number of Shares Shares **CNP** \$0.0000 1,200.00 1,200.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Bruce N. Hague

Business Name: <u>Hague</u>, <u>Sahady</u>, <u>Co.</u>, <u>P.C.</u> No. and Street: <u>126 President Avenue</u>

City or Town:

Fall River

Contact Phone: (508) 675-7889 ext: Contact Email: info@hague-sahadv.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

State: MA

Zip: <u>02720</u>

3 15-16

Signed this 12 Day of March, 2016 at 1:32:14 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By BRANDON E KIDD

Signature of Authorized Representative of the Corporation

Make Corrections

Accept

Country: <u>USA</u>

Form No. 630 Revised 09/07

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