



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 115671		2. Exact name of the Corporation Anchor Steam, Inc.			
3. Principal Office Address 44 Broadway		City Newport		State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island Tatto services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer E. Clinch-Guertin			Vice-President Name Timothy J. Guertin		
Street Address 263 Stillwater Road			Street Address 263 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Jennifer E. Clinch-Guertin			Treasurer Name Timothy J. Guertin		
Street Address 263 Stillwater Road			Street Address 263 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jennifer E. Clinch-Guertin			Director Name Timothy J. Guertin		
Street Address 263 Stillwater Road			Street Address 263 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600		Common		None	
Changes require an additional filing.					
11. 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.					
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.					
Name of Authorized Representative Jennifer E. Clinch-Guertin					Date 1-10-17
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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JAN 19 2017

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