



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 15345		2. Exact name of the Corporation HARBOR ROAD YACHT BASIN, LTD.		
3. Principal Office Address 99 High Street		City Block Island	State RI	Zip 02807
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island own and operate a marina			
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 Kenneth C. Lacoste		Vice-President Name Marlee E. Lacoste		
Street Address 99 High Street		Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI
Secretary Name Marlee E. Lacoste		Treasurer Name Errol Lee Transue		
Street Address 99 High Street		Street Address P. O. Box G		
City Block Island	State RI	Zip 02807	City Block Island	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Kenneth C. Lacoste		Director Name Marlee E. Lacoste		
Street Address 99 High Street		Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI
Director Name Errol Lee Transue		Director Name		
Street Address P. O. Box G		Street Address		
City Block Island	State RI	Zip 02807	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		<div style="display: flex; justify-content: space-between;"><div>NUMBER OF SHARES</div><div>CLASS/SERIES</div><div>PAR VALUE</div></div>		
		100	Common	\$10.00
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 Kenneth C. Lacoste			Date 1/9 / , 2017	
Signature of Authorized Representative <div style="text-align: center;">FILED JAN 23 2017 BY 2908 DS</div>				

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