RI SOS Filing Number: 201731076270 Date: 01/27/2017 4:00 PM

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	2. Exact name of the Corporation			
156164	Bristol Harbor Boats, Inc.			
3. Principal Office Address		City	State	Zip
99 Poppasquash Road Unit H		Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
31-33 - Manufacturing	Boat manufacturing			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gregory W. Beers			Vice-President Name: Cory C. Wood		
Street Address: 99 Poppasquash Road Unit H			Street Address: 99 Poppasquash Road Unit H		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Cory C. Wood			Treasurer Name: Gregory W. Beers		
Street Address: 99 Poppasquash Road Unit H			Street Address: 99 Poppasquash Road Unit H		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	Common	No par value

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	Date
Gregory W. Beers	17 JAN 17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 27 2017
BY 294370

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

148540-2-1187210

FORM 630 - Revised: 10/2016