



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 82998		2. Exact name of the Corporation Bristol Harbor Group Inc.			
3. Principal Office Address 99 Poppasquash Road Unit H		City Bristol		State RI	Zip 02809
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island Providing naval design services, including the design of products used in marine environments and industry				
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 Gregory W. Beers			Director 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
Director Name			Director Name		
Street Address 99 Poppasquash Road Unit H			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			180	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. <i>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.</i>					
Name of Authorized Representative Gregory W. Beers					Date 26 JAN 17
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

JAN 27 2017

BY 244370

FORM 630 - Revised: 10/2016