



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 <u>000794605</u>		2. Exact name of the Corporation <u>Lyman Morse Boatbuilding, Inc.</u>	
3. Principal Office Address <u>84 Knox St</u>		City <u>Thomaston</u>	State <u>ME</u>
		Zip <u>04861</u>	
4. NAICS Code <u>81</u> <input checked="" type="checkbox"/>	6. Brief description of the character of business conducted in Rhode Island <u>Yacht brokerage</u>		
5. State of Incorporation <u>ME</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Drew Lyman</u>		Vice-President Name <u>Cabot Lyman</u>	
Street Address <u>84 Knox St</u>		Street Address <u>same</u>	
City <u>Thomaston</u>	State <u>ME</u>	City <u>Thomaston</u>	State <u>ME</u>
Secretary Name <u>Cabot Lyman</u>		Treasurer Name <u>Heidi Lyman</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City <u>Thomaston</u>	State <u>ME</u>	City <u>Thomaston</u>	State <u>ME</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1500</u>	CLASS/SERIES <u>Common</u>
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 <u>Lorimayo Lori May</u>		Date <u>2-3-17</u>	
Signature of Authorized Representative <u>Lorimayo</u>		FILED FEB 13 2017	

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

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 FORM 630 - Revised: 10/2016