State of Rhode Isl   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 **12361**	2. Exact name of the Corporation **Electra Yacht of Newport, Inc.**			
3. Principal Office Address **P.O. Box 29**		City **Newport**	State **R.I.**	Zip **02840**

4. NAICS Code **23 - Construction**	6. Brief description of the character of business conducted in Rhode Island **Sales, service and installation of marine electronics**
5. State of Incorporation **RI**	

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

President Name **David Maguire**			Vice-President Name		
Street Address **P.O. Box 29**			Street Address		
City **Newport**	State **RI**	Zip **02840**	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			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. Changes require an additional filing.	NUMBER OF SHARES **500**	CLASS/SERIES **CNP**	PAR VALUE **0.00**

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 **Maurice Cusick**	Date **2/16/17**
Signature of Authorized Representative	

FEB 21 2017

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FORM 630 - Revised: 02/2017