RI SOS Filing Number: 201734787380 Date: 2/23/2017 4:00:00 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.							
1. Entity ID Number <b>92119</b>	i i	Exact name of the Corporation     Vann-Renaissance, Inc.					
3. Principal Office Address			City		State	Zip	
8 FREEBODY STREET, P.O. BOX 549			NEWPORT		RI	02840	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
71 - Arts, Entertainment, an	tertainment, and R THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS						
5. State of Incorporation		<b>–1</b>					
Ri							
7. List ALL officers (names and	d addresses)			Check	the box to indic	cate an attachment	
President Name JOYCE W. VANN			Vice-President Name JOYCE W. VANN				
Stroot Addrops			Street Address				
26231 MARINA ROAD			Street Address 26231 MARINA ROAD				
City ORANGE BEACH	State AL	<sup>Zip</sup> 36561-3541	City ORANGE BEACH		State AL	<sup>Zip</sup> 36561-3541	
Secretary Name JOYCE W. VANN			Treasurer Name JOYCE W. VANN				
Street Address 26231 MARINA ROAD			Street Address 26231 MARINA ROAD				
City ORANGE BEACH	State AL	<sup>Zip</sup> 36561-3541	City ORANGE BEACH		State AL Zip 36561-354		
8. List ALL directors (names ar	nd addresses)			Check	the box to indic	cate an attachment	
Director Name JOYCE W. VANN			Director Name				
Street Address 26231 MARINA ROAD			Street Address				
City ORANGE BEACH	State AL	Zip 36561-3541	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	l d	Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SI			CLASS/SERIES PAR VALUE		
Department of State.		100	1		0.00		
Changes require an additional filing.		<u></u>		· ==			
11. This report must be execute	ed on behalf of the	corporation by an aut	horized represe	ntative. If the cornor	ration is in the l	nands of a receiver or	
trustee, this report must be exe	cuted on behalf of	the corporation by the	e receiver or trus	stee.			
Under penalty of perjury, I de statements, and that all state				cluding any accom	panying sche	dules and	
Name of Authorized Represent		om are trae alla	vvii GVG	en	Date		
JOYCE W. VANN				EILED	2/2/5	7	
Signature of Authorized Repres	entative amm /			FEB 2 3 ?	No.		
	<del>-</del>					·	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov