RI SOS Filing Number: 201734788170 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 $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
771662	MERRYWIND, LTD.

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, and R	THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS
5. State of Incorporation	
RI	

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

President Name: Kevin P. Sullivan			Vice-President Name: Catharine R. Sullivan		
Street Address: 87 Forest Street			Street Address: 87 Forest Street		
City: Sherborn	State: MA	Zip: 01770	City: Sherborn	State: MA	Zip: 01770
Secretary Name:			Treasurer Name: Kevin P. Sullivan		
Street Address:			Street Address: 87 Forest Street		
City:	State:	Zip:	City: Sherborn	State: MA	Zip: 01770

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

Director Name: Kevin P. Sullivan			Director Name:		
Street Address: 87 Forest Street			Street Address:		
City: Sherborn	State: MA	Zip: 01770	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100		0.00
Changes require an additional filing.			

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: Kevin P. Sullivan

FILED

Date: 1/31/17

Signature of Authorized Representative: Kevin P. Sullivan

FEB 23 2017

BY 108416

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

FORM 630 - Revised: 10/2016