



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 88015		2. Exact name of the Corporation BALTIC CONNECTION, LTD.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name RICHARD DEWOLF			Vice-President Name		
Street Address 311 NW 20th AVENUE			Street Address		
City PORTLAND	State OR	Zip 97209	City	State	Zip
Secretary Name PETER RUESSLER			Treasurer Name RICHARD DEWOLF		
Street Address AM SEE 28 24113			Street Address 311 NW 20th AVENUE		
City MOLFSEE	State	Zip GERMANY	City PORTLAND	State OR	Zip 97209
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER RUESSLER			Director Name RICHARD DEWOLF		
Street Address AM SEE 28 24113			Street Address 311 NW 20th AVENUE		
City MOLFSEE	State	Zip GERMANY	City PORTLAND	State OR	Zip 97209
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100		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. <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 RICHARD DEWOLF					Date 1-31-17
Signature of Authorized Representative 					

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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