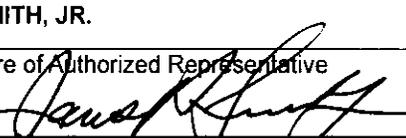
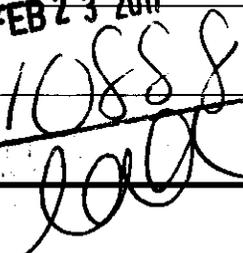




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 100010		2. Exact name of the Corporation JPS YACHTING ASSOCIATES, INC.			
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 J.P. SMITH, JR.			Vice-President Name J.P. SMITH, JR.		
Street Address 131 LAKE JULIA DRIVE N.			Street Address 131 LAKE JULIA DRIVE N.		
City PONTE VERDA	State FL	Zip 32082	City PONTE VERDA	State FL	Zip 32082
Secretary Name J.P. SMITH, JR.			Treasurer Name J.P. SMITH, JR.		
Street Address 131 LAKE JULIA DRIVE N.			Street Address 131 LAKE JULIA DRIVE N.		
City PONTE VERDA	State FL	Zip 32082	City PONTE VERDA	State FL	Zip 32082
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name J.P. SMITH, JR.			Director Name		
Street Address 131 LAKE JULIA DRIVE N.			Street Address		
City PONTE VERDA	State FL	Zip 32082	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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 of the assets.					
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 J.P. SMITH, JR.				Date 1-23-17	
Signature of Authorized Representative 				BY 	

FILED
FEB 23 2017
BY 10888
