



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 80120 | | 2. Exact name of the Corporation BEAU GESTE, 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 H. F. LENFEST | | | Vice-President Name | | |
| Street Address 2445 OAKS CIRCLE | | | Street Address | | |
| City HUNTINGDON VALLEY | State PA | Zip 19006 | City | State | Zip |
| Secretary Name MARGUERITE LENFEST | | | Treasurer Name MARGUERITE LENFEST | | |
| Street Address 2445 OAKS CIRCLE | | | Street Address 2445 OAKS CIRCLE | | |
| City HUNTINGDON VALLEY | State PA | Zip 19006 | City HUNTINGDON VALLEY | State PA | Zip 19006 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name H. F. LENFEST | | | Director Name | | |
| Street Address 2445 OAKS CIRCLE | | | Street Address | | |
| City HUNTINGDON VALLEY | State PA | Zip 19006 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | 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. 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 H F Lenfest | | | FILED | | Date 26 Jan 2017 |
| Signature of Authorized Representative H F Lenfest | | | FEB 23 2017 | | |