



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 <b>518246</b>		2. Exact name of the Corporation <b>GREEN DREAM SAILING, LTD.</b>			
3. Principal Office Address <b>8 FREEBODY STREET, P.O. BOX 549</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>71 - Arts, Entertainment, and R.</b>		6. Brief description of the character of business conducted in Rhode Island <b>THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ELLEN M. KING</b>			Vice-President Name <b>ELLEN M. KING</b>		
Street Address <b>1409 PREMIER COURT</b>			Street Address <b>1409 PREMIER COURT</b>		
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89117</b>	City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89117</b>
Secretary Name <b>ELLEN M. KING</b>			Treasurer Name <b>ELLEN M. KING</b>		
Street Address <b>1409 PREMIER COURT</b>			Street Address <b>1409 PREMIER COURT</b>		
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89117</b>	City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89117</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ELLEN M. KING</b>			Director Name		
Street Address <b>1409 PREMIER COURT</b>			Street Address		
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89117</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>		<b>0.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>JAMES F. HYMAN</b>			Date <b>2/16/2017</b>		
Signature of Authorized Representative 			<b>FILED</b> <b>FEB 23 2017</b>		