

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

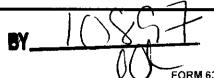
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

1. Entity ID Number		0 fee if form is not filed by April 1. 2. Exact name of the Corporation					
518246		GREEN DREAM SAILING, LTD.					
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549			City NEWPORT		State RI	Zip 02840	
4. NAICS Code 6. Brief description of the characteristics			cter of business co	onducted in Rhode	Island		
71 - Arts, Entertainment, a				ENANCE OF YAC		ND VESSELS	
5. State of Incorporation		,			,		
RI							
7. List ALL officers (names ar	nd addresses)				k the box to indi	cate an attachment	
President Name ELLEN M. KII	Vice-President Name ELLEN M. KING						
Street Address 1409 PREMIER	Street Address 1409 PREMIER COURT						
City LAS VEGAS	State NV	^{Zip} 89117	City LAS VEGAS		State NV	^{Zip} 89117	
Secretary Name ELLEN M. KING			Treasurer Name ELLEN M. KING				
Street Address 1409 PREMIER COURT			Street Address 1409 PREMIER COURT				
City LAS VEGAS	State NV	^{Zip} 89117	City LAS VEGAS		State NV	^{Zip} 89117	
8. List ALL directors (names a	and addresses)		<u> </u>		k the box to indic	cate an attachment	
Director Name ELLEN M. KIN			Director Name				
Street Address 1409 PREMIER COURT			Street Address				
City LAS VEGAS	State NV	^{Zip} 89117	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Oity	State	Zip	City		State	ZΨ	
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	F SHARES	CLASS/SERII	CLASS/SERIES PAR VALUE		
		100			0	.00	
		,					
11. This report must be execu trustee, this report must be ex					oration is in the	hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm t	hat I have examin	ed this report, in		mpanying sche	dules and	
statements, and that all stat Name of Authorized Represer		nerem are true al	ia correct.		Date	<u> </u>	
JAMES F. HYMAN				FILE			
Signature of Authorized Repre	esentative						
from f	<i>II</i>		DAVEN ENT	FEB 2 3	201/		
MAN TO	-			1 6 1	7 7 7		

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