



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 518246		2. Exact name of the Corporation GREEN DREAM SAILING, 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 ELLEN M. KING			Vice-President 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
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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELLEN M. KING			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
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 JAMES F. HYMAN			Date 2/16/2017		
Signature of Authorized Representative 			FILED FEB 23 2017		

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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FORM 630 - Revised: 10/2016