



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 334430		2. Exact name of the Corporation MB TRADE WIND, 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 MARCY JEAN BRENNER			Vice-President Name MARCY JEAN BRENNER		
Street Address 16 MAY STREET			Street Address 16 MAY STREET		
City ST. AUGUSTINE	State FL	Zip 32084	City ST. AUGUSTINE	State FL	Zip 32084
Secretary Name MARCY JEAN BRENNER			Treasurer Name MARCY JEAN BRENNER		
Street Address 16 MAY STREET			Street Address 16 MAY STREET		
City ST. AUGUSTINE	State FL	Zip 32084	City ST. AUGUSTINE	State FL	Zip 32084
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARCY JEAN BRENNER			Director Name		
Street Address 16 MAY STREET			Street Address		
City ST. AUGUSTINE	State FL	Zip 32084	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 or trustee. <i>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.</i>					
Name of Authorized Representative MARCY JEAN BRENNER			FILED Date 1/23/17		
Signature of Authorized Representative 			FEB 23 2017 10889 		

MAIL TO:
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 Website: www.sos.ri.gov