



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR

- 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 45949		2. Exact name of the Corporation NEW ENGLAND BOATWORKS, INC.	
3. Principal Office Address 1 Lagoon Road		City Portsmouth	State RI
		Zip 02871	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Marine services including boat fabrication and repairs, and non-marine services		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven Casella		Vice-President Name	
Street Address 1 Lagoon Road		Street Address	
City Portsmouth	State RI	Zip 02871	
Secretary Name David S. MacBain		Treasurer Name Thomas C. Rich	
Street Address 1 Lagoon Road		Street Address 1 Lagoon Road	
City Portsmouth	State RI	Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Steven Casella		Director Name David S. MacBain	
Street Address 1 Lagoon Road		Street Address 1 Lagoon Road	
City Portsmouth	State RI	Zip 02871	
Director Name Thomas C. Rich		Director Name	
Street Address 1 Lagoon Road		Street Address	
City Portsmouth	State RI	Zip 02871	
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
		525	Common
			No Par
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 Thomas C. Rich Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE FILED MAR 02 2017 2/1/17			