



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	City	State	Zip
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	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	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	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	PAR VALUE
		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			Date 2/1/17		
Signature of Authorized Representative 			SIGN DOCUMENT HERE MAR 02 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