

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 Corporation

**STAMP** 

FOR

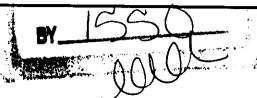
→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

1. Entity ID Number	2. Exact nan	ne of the Corporati	on	· · · · · · · · · · · · · · · · · · ·			
45949		NEW ENGLAND BOATWORKS, INC.					
3. Principal Office Address	. Principal Office Address			City State Zip			
1 Lagoon Road			Portsmou	Portsmouth		02871	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	s conducted in Rhode	e Island		
31-33 - Manufacturing	Marine services including boat fabrication and repairs, and non-marine services						
5. State of Incorporation		g 2		and ropano, and ne	maine serv	ices	
Rhode Island							
7. List ALL officers (names and	addresses)			Cher	ck the how to inc	licare an affactment (	
President Name Steven Casella			Check the box to indicate an attachment L Vice-President Name				
			Street Addre		·		
Street Address 1 Lagoon Road			Silvet Address				
<sup>City</sup> Portsmouth	State RI	<sup>Zip</sup> 02871	City		State	Zip	
	1		Trongues Namo				
Secretary Name David S. MacBain			Treasurer Name Thomas C. Rich				
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road				
	State RI	Zin			104-4-		
City Portsmouth	RI RI	<sup>Zip</sup> 02871	City Portsmouth		State RI	<sup>Zip</sup> 02871	
8. List ALL directors (names and	addresses)			Chec	k the box to ind	icate an attachment	
Director Name Steven Casella			Director Nan	ne David S. MacBain	1		
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road				
City Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth		State Ri	Zip <b>02871</b>	
Director Name Thomas C. Rich			Director Nam	ne		<u> </u>	
Street Address 1 Lagoon Road			Street Address				
		_	oli oot Addica				
Portsmouth	State RI	<sup>Zip</sup> <b>02871</b>	City		State	Zip	
3. Shares Authorized		10. Shares Iss	sued	Chac	k the boy to indi	icate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		Chack the box to indicate an attachment CLASS/SERIES PAR VALUE		
		525		Common		No Par	
Changes require an additional fillr	ıg.			<del>-</del>			
1. This report must be executed	on hobolf of the						
<ol> <li>This report must be executed rustee, this report must be executed</li> </ol>	uted on behalf of	the corporation by	the receiver or t	trustee			
Inder penalty of perjury, I dec.	lare and affirm ti	hat I have examin	ed this report.	including any acco	mpanying sch	edules and	
statements, and that all statem Name of Authorized Representat	<i>ients contained :</i> iive	herein are true an		al FR	Data		
Thomas C. Rich				FILED	Date	/,	
Signature of Authorized Represe	ntatius /	<u> </u>			2/1	// /	
ilginature di Agrilonzed Represe	ntative / /		UMENT W	R Q 2 2017		• /	
/	C. 617	SIGN DOC	11 IN 11 EN ET 1881 LA	መወት ራ ዮስ፣	/ /		

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 Totales