



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.

STAMP

FOR

1. Entity ID Number 972460		2. Exact name of the Corporation M-32 North America Co.			
3. Principal Office Address 38 Bellevue Avenue, Suite H		City Newport		State RI	Zip 02840
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Sale, promotion, and distribution of sailing vessels of all kinds and descriptions			
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 Hakan Svensson			Vice-President Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Hakan Svensson		
Street Address 38 Bellevue Avenue, Suite H			Street Address 38 Bellevue Avenue, Suite H		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Hakan Svensson			Director Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	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			Common		\$.01 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 Steven M. McInnis			Date 2/14/17		
Signature of Authorized Representative <i>Steven M. McInnis</i>			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

FORM 630 - Revised: 10/2015