

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

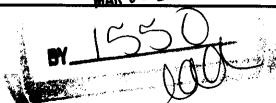
→ Penalty: Additional \$25.00 f	ee if form is no	t filed by April 1.			_	
Entity ID Number	2. Exact name of the Corporation					
797019	M-32 Imports, Inc.					
3. Principal Office Address			City		State	Zip
38 Bellevue Avenue, Suite H			Newport		RI	02840
4. NAICS Code	6. Brief descri	ption of the chara	cter of business	conducted in Rhode I	sland	<u></u>
42 - Wholesale Trade	Importing and sale of boats of all kinds and descriptions					
5. State of Incorporation	1					
Rhode Island						
7. List ALL officers (names and addresses)  Check the box to indicate an atta						ndicate an attachment
President Name  Hakan Svensson  Vice-President Name						
Street Address 38 Bellevue Avenue	Street Address					
City Newport	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02840	City Newpo	rt	State RI	<sup>Zip</sup> 02840
8. List ALL directors (names and ac	dresses)				the box to i	ndicate an attachment 🔲
Director Name Hakan Svensson			Director Name			
Street Address 38 Bellevue Avenue, Suite H			Street Address			
City Newport	State RI	<sup>Zip</sup> 02840	City		State	Zip
Director Name	Director Name					
Street Address	Street Address					
City State		Zip City			State	Zip
-						
9. Shares Authorized 10. Sha						
This information is currently of record in the Department of State.		NUMBER OF SHARES 100		CLASS/SERIES Common \$.6		\$.01 Par
Changes require an additional filing.						<b>VIOL.</b>
11. This report must be executed or	n behalf of the c	orporation by an a	authorized repres	sentative If the corno	ration is in t	the hands of a receiver or
<u>trustee, this report must be execute</u>	d on behalf of the	he corporation by	the receiver or tr	ustee.		
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct.						
Name of Authorized Representative Date / /						
Steven M. McInnis			•	ILED	2	1/14/17
Signature of Authorized Representa	ative				<u> </u>	
Sty MCT SIGN DOCUMENT HERE 2 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: 19/2016