



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 <b>22380</b>		2. Exact name of the Corporation <b>LIFE RAFT AND SURVIVAL EQUIPMENT, INC.</b>	
3. Principal Office Address <b>590 Fish Road</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sell and service survival equipment and other legal business.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>James W. O'Connor</b>		Vice-President Name <b>James W. O'Connor</b>	
Street Address <b>209 John Dyer Road</b>		Street Address <b>209 John Dyer Road</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>
Secretary Name <b>James W. O'Connor</b>		Treasurer Name <b>James W. O'Connor</b>	
Street Address <b>209 John Dyer Road</b>		Street Address <b>209 John Dyer Road</b>	
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <b>This information is currently of record in the Department of State.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>\$1.00 Par</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>James W. O'Connor</b>		Date <b>1/30/17</b>	
Signature of Authorized Representative 		SIGN DOCUMENT <b>MAR 02 2017</b>	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov