



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 22380		2. Exact name of the Corporation LIFE RAFT AND SURVIVAL EQUIPMENT, INC.			
3. Principal Office Address 590 Fish Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Sell and service survival equipment and other legal business.			
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 James W. O'Connor			Vice-President Name James W. O'Connor		
Street Address 209 John Dyer Road			Street Address 209 John Dyer Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name James W. O'Connor			Treasurer Name James W. O'Connor		
Street Address 209 John Dyer Road			Street Address 209 John Dyer Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			100	Common	\$1.00 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 James W. O'Connor					Date 1/30/17
Signature of Authorized Representative 					
SIGN DOCUMENT MAR 02 2017					

MAIL TO:
Division of Business Services
148 Water Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY **1550**