

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

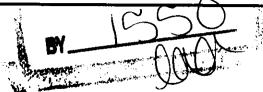
Annual Report for the year: 2017 Corporation

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

→ Penalty: Additional \$25	5.00 fee if form is r	ot filed by April 1.					
Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
22380	LIFE RAFT	LIFE RAFT AND SURVIVAL EQUIPMENT, INC.					
3. Principal Office Address			City		State	Zip	
590 Fish Road			Tiverton		RI	02878	
4. NAICS Code	6. Brief desc	cription of the chara	cter of business	conducted in Rhode	Island		
44-45 - Retail Trade	Sell and se	Sell and service survival equipment and other legal business.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names ar	nd addresses)			Check	k the box to	indicate an attachment	
President Name James W. O'C	Vice-President Name James W. O'Connor						
Street Address 209 John Dyer	Street Address 209 John Dyer Road						
City Little Compton	State RI	^{Zip} 02837	1	City Little Compton		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 a	and addresses)			Check	k the box to	indicate an attachment	
Director Name None			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	,	<u> </u>	Director Nan	ne	L		
Street Address	Street Address						
City	Tour .						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Isc	sued	Check	the box to	indicate an attachment	
This information is currently of	record in the	NUMBER O	F SHARES	CLASS/SERIE		PAR VALUE	
Department of State.		100		Common		\$1.00 Par	
Changes require an additional t	filing.				· <u>-</u>		
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in	the hands of a receiver or	
trustee, this report must be ex	ecuted on behalf o	the corporation by	the receiver or	trustee.			
Under penalty of perjury, I d statements, and that all stat	ements contained	tnat i nave examin I herein are true ar	iea this report, id correct.	including any accol	mpanying s	schedules and	
Name of Authorized Represer	ntative	· · · · · · · · · · · · · · · · · · ·		an CD	Date ,	4	
James W. O'C onn or				FILED	1/2	0/17	
Signature of Authorized Repre	esentative	0.00	S	n 5 2017	110	111	
		21AN DOC	JUMENI H	HAREO 2 2017	· · ·	/	
/ 12	***************************************		·		`		

MAIL TO: Division of Business Services 148 WiBiver Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630 - Revised: 10/2018

STAMP

FOR