



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 4381		2. Exact name of the Corporation Jamestown Boat Yard, Inc.			
3. Principal Office Address Racquet Road			City Jamestown	State RI	Zip 02835
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacture, sell, and deal with yachts and accessories			
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 Clement Napolitano			Vice-President Name Christopher Otorowski		
Street Address Continental Road			Street Address 298 Winslow Way		
City Tuxedo Park	State NY	Zip 10987	City Bainbridge Island	State WA	Zip 98110
Secretary Name Steven M. McInnis			Treasurer Name Stephen DeVoe		
Street Address 38 Bellevue Avenue, Suite H			Street Address 79 Harbor Drive		
City Newport	State RI	Zip 02840	City Stamford	State CT	Zip 06902
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Clement Napolitano			Director Name Stephen DeVoe		
Street Address Continental Road			Street Address 79 Harbor Drive		
City Tuxedo Park	State NY	Zip 10987	City Stamford	State CT	Zip 06902
Director Name Christopher Otorowski			Director Name		
Street Address 298 Winslow Way			Street Address		
City Bainbridge Island	State WA	Zip 98110	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
		895.92		Common	\$1.00
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 Clement Napolitano				Date 1-30-17	
Signature of Authorized Representative <i>Clement Napolitano</i>				FILED	
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

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