

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017

STAMP

FOR

Corporation

→ 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	umber 2. Exact name of the Corporation						
4381	Jamestown Boat Yard, Inc.						
. Principal Office Address			City		State	Zip	
Racquet Road			Jamestow	/n	RI	02835	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
31-33 - Manufacturing	Manufacture, sell, and deal with yachts and accessories						
5. State of Incorporation Rhode Island							
7. List ALL efficers (names and	addresses)	**************************************		Chec	k the box to ind	icate an attachment	
President Name Clement Napol	Vice-President Name Christopher Otorowski						
Street Address Continental Road			Street Address 298 Winslow Way				
City Tuxedo Park	State NY	^{Zip} 10987	f I		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 Stat		State CT	^{Zip} 06902	
8. List ALL directors (names an	d addresses)			Chec	k the box to ind	icate an attachment	
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		10. Shares Iss	ued	Chec	k the box to ind	icate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	CLASS/SERI		PAR VALUE	
		895.92		Common		\$1.00	
				<u>L.</u>			
11. This report must be execute	d on behalf of the	corporation by an a	authorized repre	sentative. If the corp	oration is in the	hands of a receiver or	
rustee, this report must be executed by the control of the control	cuted on behalf of clare and affirm ti	the corporation by hat I have examin	the receiver or t ed this report.	trustee. including any acco	mpanying sch	edules and	
statements, and that all state	ments contained i	herein are true an	d correct.				
Name of Authorized Representa Clement Napolitano	ative				Date 1 - 2	0-17	
Signature of Authorized Repres	entative			FILED		· (
City Fly	m/ 1.	SIGN DOC	UMENT HE	AR TO 2 2017	\$ 75		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

