RI SOS Filing Number: 201738498570 Date: 3/23/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
136597	Stephen Koopman, Inc.

3. Principal Office Address	City	State	Zip
515 Narragansett Parkway	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541	To engage in naval architecture, including yacht structural design
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Stephen Koopman			Vice-President Name: None		
Street Address: 515 Narragansett Parkway			Street Address:		
City: Warwick	State: RI	Zip: 02888	City:	State:	Zip:
Secretary Name: Stephen Koopman			Treasurer Name: Stephen Koopman		
Street Address: 515 Narragansett Parkway			Street Address: 515 Narragansett Parkway		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Stephen Koopman			Director Name:		
Street Address: 515 Narragansett Parkway			Street Address:		
City: Warwick	State: RI	Zip: 02888	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	common	no par value

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	Date
Stephen Koopman	March 10, 2017

Signature of Authorized Representative: Stephen Koopman

SIGN DOCUMENT HERE **FILED**

MAR 23 2017

By

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

FORM 630 - Revised: 10/2016