



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 <b>136597</b>		2. Exact name of the Corporation <b>Stephen Koopman, Inc.</b>		
3. Principal Office Address <b>515 Narragansett Parkway</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in naval architecture, including yacht structural design</b>			
5. State of Incorporation <b>Rhode Island</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Stephen Koopman</b>		Vice-President Name <b>None</b>		
Street Address <b>515 Narragansett Parkway</b>		Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State
Secretary Name <b>Stephen Koopman</b>		Treasurer Name <b>Stephen Koopman</b>		
Street Address <b>515 Narragansett Parkway</b>		Street Address <b>515 Narragansett Parkway</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Stephen Koopman</b>		Director Name		
Street Address <b>515 Narragansett Parkway</b>		Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized				
This information is currently of record in the Department of State.				
Changes require an additional filing.				
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
<b>100</b>		<b>common</b>		<b>no par value</b>
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.				
<b>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.</b>				
Name of Authorized Representative <b>Stephen Koopman</b>			Date <b>MAR 10, 2017</b>	
Signature of Authorized Representative 				
SIGN DOCUMENT HERE <b>FILED</b>				

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

MAR 23 2017  
By

FORM 630 - Revised: 10/2016