



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 80966		2. Exact name of the Corporation Kestral Navigation, Ltd.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549		City NEWPORT		State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN G. COUMANTAROS			Vice-President Name		
Street Address C/O M.R. WEISER & CO., LLP, 133 WEST 50TH ST.			Street Address		
City NEW YORK	State NY	Zip 10020-1229	City	State	Zip
Secretary Name GEORGE D. KAPETANAKOS			Treasurer Name GEORGE D. KAPETANAKOS		
Street Address 400 EAST 56th STREET			Street Address 400 EAST 56th STREET		
City NEW YORK	State NY	Zip 10022	City NEW YORK	State NY	Zip 10022
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN G. COUMANTAROS			Director Name GEORGE D. KAPETANAKOS		
Street Address C/O M.R. WEISER & CO., LLP, 133 WEST 50TH ST.			Street Address 400 EAST 56th STREET		
City NEW YORK	State NY	Zip 10020-1229	City NEW YORK	State NY	Zip 10022
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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		
			100 0.00		
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 JOHN G. COUMANTAROS				Date 3/7/17	
Signature of Authorized Representative 				FILED MAR 27 2017 10909	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

By