



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 744954		2. Exact name of the Corporation YACHT CHARTER COMPANY												
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 William Michaelis			Vice-President Name Gloria Michaelis											
Street Address 425 Davenport Avenue			Street Address 425 Davenport Avenue											
City New Rochelle	State NY	Zip 10805	City New Rochelle	State NY	Zip 10805									
Secretary Name JAMES F. HYMAN			Treasurer Name Gloria Michaelis											
Street Address 8 FREEBODY STREET, P. O. BOX 549			Street Address 425 Davenport Avenue											
City NEWORT	State RI	Zip 02840	City New Rochelle	State NY	Zip 10805									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td></td> <td style="text-align:center;">0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0.00			
		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 WILLIAM MICHAELIS				Date 2-28-17										
Signature of Authorized Representative <i>William Michaelis</i>														

FILED**MAR 27 2017**By 10509

FORM 630 - Revised: 10/2016