

AMENDED



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 000126421		2. Exact name of the Corporation E & C Yacht Charters Inc.			
3. Principal Office Address 130 Bellevue Avenue			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 To engage in general maritime related activities and all other lawful activities for which a corporation may be organized under the Rhode Island Business Corporation Act, as amended.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Brent Regan			Vice-President Name Claes Bjork		
Street Address 130 Bellevue Avenue			Street Address 125 East Lakewood Road		
City Newport	State RI	Zip 02840	City West Palm Beach	State FL	Zip 33405
Secretary Name Claes Bjork			Treasurer Name Claes Bjork		
Street Address 125 East Lakewood Road			Street Address 125 East Lakewood Road		
City West Palm Beach	State FL	Zip 33405	City West Palm Beach	State FL	Zip 33405
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Brent Regan			Director Name		
Street Address 130 Bellevue Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 8000	CLASS/SERIES CWP	PAR VALUE 0.01
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 Peter Brent Regan				Date 5/4/2017	
Signature of Authorized Representative 					

2017 MAY 8 AM 10:55
 RI DEPT OF STATE
 BUSINESS SERVICES DIV

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

FILED

MAY 08 2017

BY



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 08, 2017 10:55 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

