



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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 63646		2. Exact name of the Corporation Cazzani Powerboats, Inc.												
3. Principal Office Address 55 Budlong Road			City Cranston	State RI	Zip 02920									
4. NAICS Code 42 3860		6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of new boats, sale of used boats, both retail and wholesale												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Serafino V. Cazzani			Vice-President Name Robert Cazzanai											
Street Address 45 East Bel Air Drive			Street Address 45 East Bel Air Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Serafino V. Cazzani			Treasurer Name											
Street Address 45 East Bel Air Drive			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
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"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
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 Serafino V. Cazzani President					Date 12/19/17									
Signature of Authorized Representative 														
SIGN DOCUMENT HERE					FILED									

MAIL TO:

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

JAN 02 2018

BY

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FORM 630 - Revised: 10/2017