RI SOS Filing Number: 201856214120 Date: 1/16/2018 12:56:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year:

Corporation

2018 JAN 16 PM 12: 55

-> 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 | Entity ID Number 2. Exact name of the Corporation | | | | | | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|-----------------------------------------------|------------------------|-------------------------------|--|--|--|
| 131229 | Aquidueck Custom Composites City State Zip | | | | | | | |
| 3. Principal Office Address | 7194464 | <u> </u> | City | State | Zip | | | |
| 69 Ballon Bl | | | Bristol | <i>R</i> | | | | |
| 4. NAICS Code | 6. Brief descript | ion of the characte | r of business conducted | in Rhode Island | | | | |
| 336612 | Custom boat builders | | | | | | | |
| 5. State of Incorporation | Cocsi | one poor o | WI CO O O | | | | | |
| RI | | | | | | | | |
| 7. List ALL officers (names and add | resses) | | | Check the box to | indicate an attachment 🗆 | | | |
| President Name | | | Vice-President Name | | | | | |
| William Koffler Street Address | | | Street Address | | | | | |
| 9 Charles St | 150 | | <u> </u> | · , _ | | | | |
| cin Bristol | State R1 | Zip 02809 | City | State | Zip | | | |
| Secretary Name | | _ | Treasurer Name | | | | | |
| Secretary Name Scott O' Connell Street Address | | | Street Address | | | | | |
| 22 Dantements live | | | Olicet Audiess | | | | | |
| City Aireiriche | State RI | Zip 02915 | City | State | Zip | | | |
| 8. List ALL directors (names and ac | | <u>- L</u> | | Check the box to | o indicate an attachment | | | |
| Director Name | | | Director Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Director Name | | Director Name | | | | | | |
| Street Address | | | Street Address | | | | | |
| office Addicate | | | ones. Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 9. Shares Authorized | | 10. Shares Issu | ssued Check the box to indicate an attachment | | to indicate an attachment | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | | |
| | | 1500 | | | 0.01 | | | |
| | | | | | | | | |
| 11. This report must be executed of | on behalf of the o | corporation by an a | I uthorized representative | If the corporation is | in the hands of a receiver or | | | |
| trustee, this report must be execut | ted on behalf of t | he corporation by t | he receiver or trustee. | <u> </u> | | | | |
| Under penalty of perjury, I declar statements, and that all statements | | | | any accompanying | g schedules a nd | | | |
| Name of Authorized Representative | | | Date | I · - | | | | |
| Manjana Fulton | | | FILED 1-10-18 | | | | | |
| Signature of Authorized Represen | tative | • | 1441 1 @ 2010 | | | | | |
| Maeyana Fuer JAN 1 6 2018 | | | | | | | | |
| | | | 25101 | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 30.18161 A.A. 12:56pm