State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 16 PM 12:55

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	2. Exact name of the Corporation
131339	Aquidneck Custom Composites

3. Principal Office Address	City	State	Zip
69 Ballou Blvd	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
336612	Custom boat builders
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
William Koffler	
Street Address: 9 Charles St	Street Address
City: Bristol; State: RI; Zip: 02809	City; State; Zip
Secretary Name: Scott O'Connell	Treasurer Name
Street Address: 22 Dartmouth Ave	Street Address
City: Riverside; State: RI; Zip: 02915	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to 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
City; State; Zip	City; State; Zip

9. Shares Authorized	10. Shares Issued — Check the box 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
	5000		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	Date
Maryann Fulton	1-10-18
Signature of Authorized Representative: Maryann Fulton	

FILED
JAN 16 2018
BY 321861
A.A. 12:52 pm

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

FORM 630 - Revised: 08/2017