



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.

**FILED**

FEB 26 2018

BY

1852

1. Entity ID Number <b>000016413</b>		2. Exact name of the Corporation <b>Pedrick Yacht Designs Inc</b>												
3. Principal Office Address <b>3 Ann Street</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>									
4. NAICS Code <b>541330</b>	6. Brief description of the character of business conducted in Rhode Island <b>Marine architecture and naval engineering</b>													
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name <b>David Pedrick</b>			Vice-President Name <b>None</b>											
Street Address <b>67 Second Street</b>			Street Address											
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip									
Secretary Name <b>David Pedrick</b>			Treasurer Name <b>David Pedrick</b>											
Street Address <b>67 Second Street</b>			Street Address <b>67 Second Street</b>											
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
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><b>500</b></td> <td></td> <td><b>None</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>500</b>		<b>None</b>			
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<b>500</b>		<b>None</b>												
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 <b>David Pedrick</b>				Date <b>2/21/2018</b>										
Signature of Authorized Representative <i>David R. Pedrick</i>														

## 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: 10/2017