



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

STAMP

FOR

→ 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 <b>22380</b>		2. Exact name of the Corporation <b>LIFE RAFT AND SURVIVAL EQUIPMENT, INC.</b>			
3. Principal Office Address <b>590 Fish Road</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>453991</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sell and service survival equipment and other legal business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James W. O'Connor</b>			Vice-President Name <b>James W. O'Connor</b>		
Street Address <b>209 John Dyer Road</b>			Street Address <b>209 John Dyer Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name <b>James W. O'Connor</b>			Treasurer Name <b>James W. O'Connor</b>		
Street Address <b>209 John Dyer Road</b>			Street Address <b>209 John Dyer Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
			CLASS/SERIES		
Changes require an additional filing.			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 <b>James W. O'Connor</b>				Date <b>1/30/18</b>	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

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**  
**MAR 02 2018**  
BY **11094 DS**

FORM 650 - Revised: 10/2017