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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

— Ferlandy. Additional \$25.00 fe					_		
Entity ID Number	2. Exact name of the Corporation						
82998	Bristol Harbor Group Inc.						
3 Principal Office Address	•		City		State	Zip	
99 Poppasquash Road Unit H			Bristol		RI	02809	
4 NAICS Code	6. Brief description	on of the charact	er of business c	onducted in Rhode Isla	and	-	
54 - Professional, Scientific, an	Providing naval design services, including the design of products used in marine environments						
5. State of Incorporation	and industry						
Rhode Island	·	7414M	\mathcal{O}				
7. List ALL officers (names and add	resses)			Check th	ne box to in	dicate an attachment 🔲	
President Name Gregory W. Beers	Vice-President	Vice-President Name Cory C. Wood					
Street Address 99 Poppasquash Ro	Street Address 99 Poppasquash Road Unit H						
City Bristol	State RI	Z _{IP} 02809	City Bristol		State RI Zip 02809		
Secretary Name Cory C. Wood	Treasurer Nan	Treasurer Name Gregory W. Beers					
Street Address 99 Poppasquash Ro	Street Address 99 Poppasquash Road Unit H						
City Bristol	State RI	^{Zıp} 02809	City Bristol	City Bristol		^{Zip} 02809	
8. List ALL directors (names and ac	ldresses)	· · · · · · · · · · · · · · · · · · ·		Check th	ne box to in	dicate an attachment 🔲	
Director Name Gregory W. Beers	Director Name	Director Name Cory C. Wood					
Street Address 99 Poppasquash Road Unit H			1	Street Address 99 Poppasquash Road Unit H			
City Bristol	State RI	^{Zıp} 02809	City Bristol	***************************************	State RI	^{Zip} 02809	
Director Name Andrew T. Tyska	Director Name						
Street Address 99 Poppasquash Road Unit H			Street Address				
City Bristol	State RI	^{Zıp} 02809	City		State	Zıp	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.			SHARES	CLASS/SERIES		PAR VALUE	
·		180		Common		No par value	
Changes require an additional filing.							
11. This report must be executed or	n behalf of the cor	poration by an a	uthorized repres	sentative. If the corpora	ation is in th	ne 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		
Gregory W. Beers			025	Fehra			
Signature of Authorized Representative							
SIGN DOCUME FILEDE							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016