RI SOS Filing Number: 201859709290 Date: 3/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation			
156164	**Bristol Harbor Boats, Inc.**			
3. Principal Office Address		City	State	Zip
99 Poppasquash Road Unit H		**Bristol**	**RI**	**02809**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
31-33 - Manufacturing	**Boat manufacturing**			
5. State of Incorporation	336999			
Rhode Island				

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

President Name **Gregory W. Beers**			Vice-President Name **Cory C. Wood**		
Street Address **99 Poppasquash Road Unit H**			Street Address **99 Poppasquash Road Unit H**		
City **Bristol**	State **RI**	Zip **02809**	City **Bristol**	State **RI**	Zip **02809**
Secretary Name **Cory C. Wood**			Treasurer Name **Gregory W. Beers**		
Street Address **99 Poppasquash Road Unit H**			Street Address **99 Poppasquash Road Unit H**		
City **Bristol**	State **RI**	Zip **02809**	City **Bristol**	State **RI**	Zip **02809**

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **None**			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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**No 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	Date
Gregory W. Beers	02 Feb 18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 02 2018

BY B94DS

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: 10/2016