



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

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

**FILED**  
 MAR 22 2018  
 BY 15345

- 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>00015345</b>		2. Exact name of the Corporation <b>HARBOR ROAD YACHT BASIN, LTD.</b>			
3. Principal Office Address <b>99 HIGH STREET</b>			City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>441222</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWN AND OPERATE MARINA</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>Kenneth C. Lacoste</b>			Vice-President Name <b>Marlee E. Lacoste</b>		
Street Address <b>99 High Street</b>			Street Address <b>99 High Street</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
Secretary Name <b>Marlee E. Lacoste</b>			Treasurer Name <b>Errol Lee Transue</b>		
Street Address <b>99 High Street</b>			Street Address <b>P.O. Box G</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</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>Kenneth C. Lacoste</b>			Director Name <b>Marlee E. Lacoste</b>		
Street Address <b>99 High Street</b>			Street Address <b>99 High Street</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
Director Name <b>Errol Lee Transue</b>			Director Name		
Street Address <b>P.O. Box G</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> <small>NUMBER OF SHARES</small> <b>100</b> Changes require an additional filing.			<small>CLASS/SERIES</small> <b>common</b>		<small>PAR VALUE</small> <b>\$10.00</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. <b>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.</b>					
Name of Authorized Representative <b>KENNETH C. LACOSTE</b>				Date <b>3/13/18</b>	
Signature of Authorized Representative <i>Kenneth C. Lacoste</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