



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
 MAR 22 2018
 BY 15345

1. Entity ID Number 00015345		2. Exact name of the Corporation HARBOR ROAD YACHT BASIN, LTD.			
3. Principal Office Address 99 HIGH STREET			City BLOCK ISLAND	State RI	Zip 02807
4. NAICS Code 441222		6. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE MARINA			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth C. Lacoste			Vice-President Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Marlee E. Lacoste			Treasurer Name Errol Lee Transue		
Street Address 99 High Street			Street Address P.O. Box G		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth C. Lacoste			Director Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Errol Lee Transue			Director Name		
Street Address P.O. Box G			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common	\$10.00
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 KENNETH C. LACOSTE					Date 3/13/18
Signature of Authorized Representative <i>Kenneth C. Lacoste</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov