



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.

1. Entity ID Number 000788737		2. Exact name of the Corporation RAY'S HELL CHARTER, INC.			
3. Principal Office Address 36 HIAWATHA DRIVE			City EXETER	State RI	Zip 02822
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island FISHING CHARTER			
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 RAYMOND G. CLEMENTS			Vice-President Name RAYMOND G. CLEMENTS		
Street Address 36 HIAWATHA DRIVE			Street Address 36 HIAWATHA DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name RAYMOND G. CLEMENTS			Treasurer Name RAYMOND G. CLEMENTS		
Street Address 36 HIAWATHA DRIVE			Street Address 36 HIAWATHA DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RAYMOND G. CLEMENTS			Director Name		
Street Address 36 HIAWATHA DRIVE			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SEIRLS		
			1,000	CWP	\$0.0100
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. <i>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.</i>					
Name of Authorized Representative RAYMOND G. CLEMENTS				Date 3/13/18	
Signature of Authorized Representative <div style="text-align:right;">SIGN DOCUMENT HERE</div>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 23 2018

BY

FORM 630 - Revised: 10/2017