RI SOS Filing Number: 201869681890 Date: 6/15/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 15 AM 10: 33

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		
001663331	SEVE SEAS WORLDWIDE, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
3623 OLD CHARLESTON RD. UNIT 12	JOHNS ISLAND	SC	29455
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
~~48-49~~ 485999			
5. State of Incorporation			
DELAWARE	PERSONAL RELOCATION SPECIALISTS		

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

President Name			Vice-President Name		
JOHN HENDERSON			MARY D. PRUETT		
Street Address			Street Address		
HYTHE RD, SMEETH, ASHFORD			3623 OLD CHARLESTON RD. UNIT 12		
City / State / Zip			City / State / Zip		
KENT, UNITED KINGDOM			JOHNS ISLAND	SC	29455
Secretary Name			Treasurer Name		
WILLIAM HENDERSON					
Street Address			Street Address		
HYTHE RD, SMEETH, ASHFORD					
City / State / Zip			City / State / Zip		
KENT, UNITED KINGDOM					

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

Director Name			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
1500	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.

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
MARY D. PRUETT	JUNE 14, 2018

Signature of Authorized Representative: Mary D Pruett

FILED
JUN 15 2018
BY CR 332794

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: 10/2017