



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

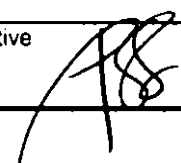
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP 24 AM 10:16

1. Entity ID Number 000487894		2. Exact name of the Corporation Gulf Stream Coach, Inc.			
3. Principal Office Address 503 S. OAKLAND AVENUE			City NAPPANEE	State IN	Zip 46550
4. NAICS Code 336214		6. Brief description of the character of business conducted in Rhode Island WHOLESALE RECREATIONAL VEHICLES			
5. State of Incorporation INDIANA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PHILIP S. SARVARI			Vice-President Name N/A		
Street Address 2005 WHITE PINE CT			Street Address		
City MISHAWAKA	State IN	Zip 46545	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PHILIP S. SARVARI			Director Name DANIEL G. SHEA		
Street Address 2005 WHITE PINE CT			Street Address 14255 AVERY POINT		
City MISHAWAKA	State IN	Zip 46545	City GRANGER	State IN	Zip 46530
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/SERIES	
		SAME AS PREVIOUS : → 9,080,000		PAR VALUE	
		2,270,000		0	
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 PHILIP S. SARVARI PRESIDENT					Date 9/19/18
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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

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