



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

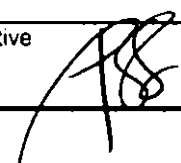
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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SECRETARY OF STATE
CORPORATIONS DIV

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| | | | | | |
|--|--------------------|---|--|--------------------|------------------------|
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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. 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 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.govSEP 24 2018
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