



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 DIVISION

2018 SEP 24 AM 10:16

1. Entity ID Number <b>000487895</b>		2. Exact name of the Corporation <b>SEA HAWK RECREATIONAL VEHICLES, INC.</b>			
3. Principal Office Address <b>503 S. OAKLAND AVENUE</b>		City <b>NAPPANEE</b>		State <b>IN</b>	Zip <b>46550</b>
4. NAICS Code <b>336214</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE RECREATIONAL VEHICLES</b>			
5. State of Incorporation <b>INDIANA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PHILIP S. SARVARI</b>			Vice-President Name <b>N/A</b>		
Street Address <b>2005 WHITE PINE CT</b>			Street Address		
City <b>MISHAWAKA</b>	State <b>IN</b>	Zip <b>46545</b>	City	State	Zip
Secretary Name <b>N/A</b>			Treasurer Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PHILIP S. SARVARI</b>			Director Name <b>DANIEL G. SHEA</b>		
Street Address <b>2005 WHITE PINE CT</b>			Street Address <b>14255 AVERY POINT</b>		
City <b>MISHAWAKA</b>	State <b>IN</b>	Zip <b>46545</b>	City <b>GRANGER</b>	State <b>IN</b>	Zip <b>46530</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES CLASS/SERIES PAR VALUE					
SAME AS PREVIOUS : → 1,000 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 <b>PHILIP S. SARVARI PRESIDENT</b>					Date <b>9/19/18</b>
Signature of Authorized Representative					

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

10:16  
SEP 24 2018  
BY **4R62R**