



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

Annual Report for the year: 2019
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 866222		2. Exact name of the Corporation Antique Yacht Collection, Inc.					
3. Principal Office Address 9 Whitfield Place, Apt. 5				City Newport		State RI	Zip 02840
4. NAICS Code 532411		6. Brief description of the character of business conducted in Rhode Island Charter Boat					
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 Alana Marie Markowitz				Vice-President Name Gregory James			
Street Address 9 Whitfield Place, Apt. 5				Street Address 9 Whitfield Place, Apt. 5			
City Newport		State RI	Zip 02840		City Newport		State RI
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip		City		State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State
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	PAR VALUE	
			3000		COMMON	\$1.00	
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 Alana Markowitz						Date 1/14/19	
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

FILED
JAN 22 2019

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