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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 f	ee if form is not f	filed by April 1.						
1. Entity ID Number	2. Exact name of the Corporation							
82998	Bristol Harbor Group Inc.							
3. Principal Office Address			City	•	State	Zip		
99 Poppasquash Road Unit H			Bristol		RI	02809		
4. NAICS Code 50 90	6. Brief descript	ion of the charac	cter of business co	inducted in Rhode Isla	and	-		
54 - Professional, Scientific, an	Providing nav	al design servic	ces, including the	e design of products	used in I	marine environments		
5. State of Incorporation	and industry							
Rhode Island								
7. List ALL officers (names and ad	dresses)			Check th	ie box to i	ndicate an attachment		
President Name Gregory W. Beers			Vice-President I	Vice-President Name Cory C. Wood				
Street Address 99 Poppasquash Road Unit H				Street Address 99 Poppasquash Road Unit H				
	State RI	Zip			State RI	^{Zip} 02809		
City Bristol	RI	^{Zip} 02809	City Bristol		RI	02809		
Secretary Name Cory C. Wood			Treasurer Name	Treasurer Name Gregory W. Beers				
Street Address 99 Poppasquash Road Unit H			Street Address	Street Address 99 Poppasquash Road Unit H				
City Bristol	State RI	Z ^{ip} 02809	^{City} Bristol		State RI	^{Zip} 02809		
8. List ALL directors (names and a	ddresses)			Check th	ne box to ii	ndicate an attachment		
Director Name Gregory W. Beers			Director Name	Cory C. Wood				
Street Address 99 Poppasquash Road Unit H				Street Address 99 Poppasquash Road Unit H				
City Bristol	State RI	Z _{IP} 02809	City Bristol		State RI	Z _{IP} 02809		
Director Name Andrew T. Tyska		<u> </u>	Director Name	·· -		•		
Street Address 99 Poppasquash R	oad Unit H	·	Street Address		_ .			
City Bristol	State RI	Zip 02809	City		State	Zip		
			ou o d	Chock th	box to it	ndicate an attachment		
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Iss		CLASS/SERIES	Check the box to indicate an attachme			
		180		Common		No par value		
11. This report must be executed of	on behalf of the co	orporation by an	authorized represe	entative. If the corpora	ation is in t	l he hands of a receiver or		
trustee, this report must be execut	ed on behalf of th	e corporation by	the receiver or tru	istee.				
Under penalty of perjury, I decla statements, and that all stateme				cluding any accomp	oanying s	chedules and		
Name of Authorized Representative		arem are more	io correct.		Date			
Gregory W. Beers				1151619				
Signature of Authorized Represent	tative					- 1		
1/_'_		SIGN DOC	CUMENT HER	RE FILED				
MAIL TO:				2411 0 0 000				

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: 10/2016