




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

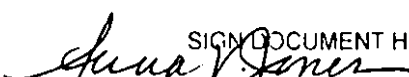
FILED

Annual Report for the year: 2019
Corporation

JAN 28 2019

BY 46235


- 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 000001004		2. Exact name of the Corporation THE ANCHORAGE, INC.			
3. Principal Office Address 57 MILLER ST.		City WARREN		State RI	Zip 02885
4. NAICS Code 336612		6. Brief description of the character of business conducted in Rhode Island BOAT MANUFACTURER			
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 THEODORE F. JONES, III			Vice-President Name NONE		
Street Address c/o THE ANCHORAGE, INC. 57 MILLER ST.			Street Address NONE		
City WARREN	State RI	Zip 02885	City NONE	State NONE	Zip NONE
Secretary Name ANNA V. JONES			Treasurer Name ANNA V. JONES		
Street Address 24 CANNA ST.			Street Address 24 CANNA ST.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
			803		COMMON
			PAR VALUE		NO PAR VALUE
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 ANNA V. JONES				Date 1/24/19	
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