RI SOS Filing Number: 201987770940 Date: 2/25/2019 4:00:00 PM

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	2. Exact name of the Corporation
136597	Stephen Koopman, Inc.

3. Principal Office Address	City	State	Zip
515 Narragansett Parkway	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	To engage in naval architecture, including yacht structural design.
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Stephen Koopman	None
Street Address: 515 Narragansett Parkway	Street Address:
City: Warwick, State: RI, Zip: 02888	City: , State: , Zip:
Secretary Name: Stephen Koopman	Treasurer Name: Stephen Koopman
Street Address: 515 Narragansett Parkway	Street Address: 515 Narragansett Parkway
City: Warwick, State: RI, Zip: 02888	City: Warwick, State: RI, Zip: 028882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Stephen Koopman	
Street Address: 515 Narragansett Parkway	Street Address:
City: Warwick, State: RI, Zip: 02888	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No par

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	Date
Stephen Koopman	2-20 , 2019

Signature of Authorized Representative: Stephen Koopman SIGN DOCUMENT HERE

FILED

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

FEB 25 2019
BY 1309 QS

FORM 630 - Revised: 10/2017