



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.

FILED

STAMP

FEB 27 2019

BY 1811 DS FOR

1. Entity ID Number 000045949		2. Exact name of the Corporation NEW ENGLAND BOATWORKS, INC.												
3. Principal Office Address 1 Lagoon Road			City Portsmouth	State RI	Zip 02871									
4. NAICS Code 713930	6. Brief description of the character of business conducted in Rhode Island Marine services including boat fabrication and repairs, and non-marine services													
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 Steven Casella			Vice-President Name											
Street Address 1 Lagoon Road			Street Address											
City Portsmouth	State RI	Zip 02871	City	State	Zip									
Secretary Name David S. MacBain			Treasurer Name Thomas C. Rich											
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Steven Casella			Director Name David S. MacBain											
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
Director Name Thomas C. Rich			Director Name											
Street Address 1 Lagoon Road			Street Address											
City Portsmouth	State RI	Zip 02871	City	State	Zip									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>525</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	525	Common	No Par			
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525	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 Thomas C. Rich				Date 1/16/19										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										