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103 Rug 4. NAICS 336611

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Report for the year:

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ng period: January 1 - March 1

Tentity ID Number    Composition   Composition   Composition   City   Ci	· · · · · · · · · · · · · · · · · · ·
O00010324  Seascope Systems, Inc.  City Newport  State RI  4. NAICS Code 336611  Fepair and restoration of antique and classic wooden boats  State of Incorporation RI  7. List ALL officers (names and addresses) President Name Elizabeth Tiedemann duPont  Street Address  7. Ruggles Avenue  City Newport  State  Check the box to indicate of the character of business conducted in Rhode Island Repair and restoration of antique and classic wooden boats  Check the box to indicate of the character of business conducted in Rhode Island Repair and restoration of antique and classic wooden boats  State of Incorporation RI  Check the box to indicate of the character of business conducted in Rhode Island Repair and restoration of antique and classic wooden boats  Street Address  Check the box to indicate of the character of business conducted in Rhode Island Repair and restoration of antique and classic wooden boats  Street Address  Check the box to indicate of the character of business conducted in Rhode Island Repair and restoration of antique and classic wooden boats  Street Address  Street Address  Street Address  Street Address  Street Address	
103 Ruggles Avenue  4. NAICS Code 336611  5. State of Incorporation RI  7. List ALL officers (names and addresses)  President Name Elizabeth Tiedemann duPont  Street Address  97 Ruggles Avenue  City Newport  State RI  Zip 02840  City Newport  Street Address	
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President Name  Elizabeth Tiedemann duPont  Street Address  97 Ruggles Avenue  City Newport  Secretary Name  Street Address  State RI  Zip 02840  City  Treasurer Name  Street Address  Street Address	
Street Address 97 Ruggles Avenue  City Newport  State RI  State RI  City Name  Treasurer Name  Street Address  Street Address	ate an attachment L
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Secretary Name Treasurer Namo Street Address Street Address	<del></del>
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8. List ALL directors (names and addresses)  Check the box to indicate the box to indi	ate an attachment 🏻
Director Name Director Name	_
Street Address Street Address	<del>.</del>
City State Zip City State	Zip
Director Name Director Name	
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9. Shares Authorized 10. Shares Issued Check the box to indicate	ate an attachment
This information is ourrently of record in the NUMBER OF SHARES CLASS/SERIES	PAR VALUE
Department of State. 100	
Changes require an additional filing.	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the h	ands 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 sched	lules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date	
Elizabeth Tiedemann duPont 2/24/19	
Signature of Authorized Representative  Washing The Signature Signature Signature of Authorized Representative  Washing The Signature of Authorized Representative Signature Signature of Authorized Representative Signature Si	<del></del>

MAIL 70: / Division of Business Services

148 W River Street Providence Rhode Island 02004-2615