

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Non-Profit Corporation


→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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2019 JUN 27 PM 3:56

1. Entity ID Number 429771		2. Exact name of the Corporation HISTORIC BOAT OK MUSEUM, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To own and operate a Historical Boat as a museum for preservation .Title 7-6			
4. NAICS Code 624229 <input type="checkbox"/>					
6. Principal Office Address P.O. BOX 212			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Madis Suvri			Vice-President Name Patricia Suvri		
Street Address P.O. Box 212			Street Address P.O. Box 212		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Derek Suvri			Treasurer Name Derek Suvri		
Street Address P.O. Box 212			Street Address P.O. Box 212		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Madis Suvri			Director Name Patricia Suvri		
Street Address P.O. Box 212			Street Address P.O. Box 212		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Derek Suvri			Director Name		
Street Address P.O. Box 212			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Madis Suvri / Pres.				Date 6/27/2019	
Signature of Officer/Authorized Representative 				<div style="text-align: center;"> FILED JUN 27 2019 </div>	