## Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE ALC 80 16 308

3919 SEP 13 P 1: 17

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

•						
Entity ID Number	2. Exact name of	the Corporation	, , , ,	C = 0= 1.	~~	
2 1235423 International Vacht Corporation  3. Principal Office Address 2406 SE 17th Street H. aududale H 3336						
Principal Office Address			City , ,		State	Zip
2406 SE 17	th stree	et e	H. a	ududole	H	33316
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
5 22310  6. Brief description of the character of business conducted in Rhode Island  Charlering and helated Dervices  5. State of Incorporation						
5. State of Incorporation						
FL						
7. List ALL officers (names and add	resses)		Les Santa		ne box to ind	icate an attachment
President Name Stefanos Makrymichalos Street Address			Vice-President Name			
12406 SE 1141 STYRET			Street Address			
91, landerdale	State //	Zip 333//,	City	·	State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						
Director Name			Director Name			
Street Address			Street Address			
City	State	Ζip	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	s Authorized 10. Shares Issue		ed Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		125		Cup		\$1,0000
Changes require an additional fillng.		ر ۱۳۰		*		
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						
Stefanus Makrynichalus					C1/14/19	
Signature of Authorized Representative						
Affairing - EUED						
The state of the s						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

SEP 18 2019 1:17 BY ON 34P4P