RI SOS Filing Number: 202034067800 Date: 2/10/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BY 3002

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Entity ID Number		2. Exact name of the Corporation						
10296	Thurstor	Thurston Sails, Inc.						
3. Principal Office Address			City		State	Zip		
112 Tupelo Street			Bristol		RI	02809		
4. NAICS Code	Brief desc	nption of the charac	cter of business o	conducted in Rhode	Island			
314910	Sail and ca	Sail and canvas manufacturer						
5. State of Incorporation								
Rhode Island								
7 List ALL officers (names a	nd addresses)			Check	the box to in	ndicate an attachment 🔲		
President Name Steven K. Thurston			Vice-President Name Neil Thurston					
Street Address 9 Tall Pines Drive			Street Address 112 Tupelo Street					
City Barrington	State RI	Zip 02806	City Bristol		State RI	^{Zip} 02809		
Secretary Name Steven K. Thurston			Treasurer Name Steven K. Thurston					
Street Address 9 Tall Pines Drive			Street Address 9 Tall Pines Drive					
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	Z _{IP} 02806		
8. List ALL directors (names	and addresses)	<u>.</u> .		Check	the box to ii	ndicate an attachment		
Director Name Steven K. Thu	ırston		Director Name	None				
Street Address 9 Tall Pines D			Street Addres	s	_			
City Barrington	State RI	Zip 02806	City		State	Zip		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	<u></u>	State	Zip		
9. Shares Authorized		10. Shares Is	sued	Check	the box to it	ndicate an attachment		
This information is currently of								
Department of State.		300		Common No		No Par Value		
Changes require an additional	l fillng.							
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in t	he hands of a receiver or		
trustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or t	rustee.				
Under penalty of perjury, I				including any acco	mpanying s	chedules and		
statements, and that all statements and that all statements and that all statements are statements.		i nerein are true ai	na correct.		Date			
Steven K. Thurston	·					1.13-2020		
Signature of Authorized Rep	esentative		ACHRACATE LITTE	· ·				
Khunt		SION DE	OUMENT HERE	-				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov