STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 AMENDMENT

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*
14067	Narragansett Shipwrights, Inc.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
55 MEMORIAL BLVD C/O GREGORY FATER	NEWPORT	RI	02840

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
4018487777	RHODE ISLAND	8888

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MAINTAIN AND OPERATE A BUSINESS TO BUILD, CONSTRUCT AND REPAIR BOATS, SHIPS AND OTHER SAILING VESSELS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	*Vice President Name*
Michael McCaffrey	Michael McCaffrey
Street Address	*Street Address*
32 Church Street	32 Church Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Newport / RI / 02840	Newport / RI / 02840
Secretary Name	*Treasurer Name*
Michael McCaffrey	Michael McCaffrey
Street Address	*Street Address*
32 Church Street	32 Church Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Newport / RI / 02840	Newport / RI / 02840

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 $1.00 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [barcode] * 1 4 0 6 7 *

FILED
**14067* 8/6/02 [illegible]*
File Date AUG 07 2002
Check No.
By
By
FOR SECRETARY OF STATE USE ONLY

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RECEIVED [redacted]

[redacted]

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.

Signature of Officer *Date* 8/6/02

Michael McCaffrey
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01