



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 01 2021

- Filing period January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

B. 12400

1. Entity ID Number 1680774		2. Exact name of the Corporation Pirate Girl, Inc.			
3. Principal Office Address 197 F Old Coach Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Boating, fishing, charter trip and open water related enterprises			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Norbert Stamps			Vice-President Name Patricia Stamps		
Street Address 197 F Old Coach Road			Street Address 197 F Old Coach Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Norbert Stamps			Treasurer Name Patricia Stamps		
Street Address 197 F Old Coach Road			Street Address 197 F Old Coach Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			700	Common	No Par
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. <i>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>					
Name of Authorized Representative Norbert Stamps				Date ✓ 1/26/21	
Signature of Authorized Representative ✓ Norbert Stamps (Power of Attorney)					

MAIL TO:
 Division of Business Services
 148 W River Street Providence, Rhode Island 02904-2615
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