State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2021
BY 4077

Annual Report for the year: 2021
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
017946	Wickford Shipyard, Inc.			
3. Principal Office Address		City	State	Zip
125 Steamboat Avenue		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
719930	Operation of a marina			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David J. Baptista			Vice-President Name: none		
Street Address: 30 Lakeview Drive			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name: David J. Baptista			Treasurer Name: David J. Baptista		
Street Address: Same as above			Street Address: Same as above		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David J. Baptista			Director Name:		
Street Address: Same as above			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

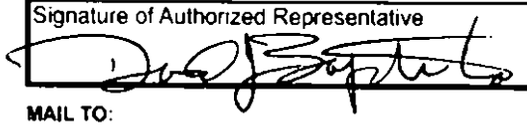
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par value

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
David J. Baptista	2/2/21

Signature of Authorized Representative



MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020