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

FILED
FEB 25 2021
BY 190 DS

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		
33592	YACHT SALES, LTD.		
3. Principal Office Address	**City**	**State**	**Zip**
31 GRANT DRIVE	NORTH KINGSTON	RI	02852
4. NAICS Code	**8. Brief description of the character of business conducted in Rhode Island**		
441222	BOAT SALES		
5. State of Incorporation			
R.I.			

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

President Name	Vice-President Name
JOHN O. ERIKSON	BEVERLY A. ERIKSON
Street Address: 31 GRANT DRIVE	Street Address: 31 GRANT DRIVE
City: NORTH KINGSTOWN State: RI Zip: 02852	City: NORTH KINGSTOWN State: RI Zip: 02852
Secretary Name	**Treasurer Name**
BEVERLY A. ERIKSON	BEVERLY A. ERIKSON
Street Address: 31 GRANT DRIVE	Street Address: 31 GRANT DRIVE
City: NORTH KINGSTOWN State: RI Zip: 02852	City: NORTH KINGSTOWN State: RI Zip: 02852

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

Director Name	Director Name
JOHN O. ERIKSON	
Street Address: 31 GRANT DRIVE	Street Address:
City: NORTH KINGSTOWN State: RI Zip: 02852	City: State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

9. Shares Authorized — Check the box to indicate an attachment ☐

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

Changes require an additional filing.

10. Shares Issued

Number of Shares	Class(es)	Par Value
300	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: JOHN O. ERIKSON — Date: 2/11/21

Signature of Authorized Representative: pres Yacht Sales LTD

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: 10/2017