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

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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -2 A 8:40

1. Entity ID Number	2. Exact name of the Corporation
000153464	Old Harbour View Inc

3. Principal Office Address	City	State	Zip
436 Water Street PO BOx 1593	Block Island	RI	02807

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~72 Accomodation and Food~~ 722511	Resturant
5. State of Incorporation: RI	

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

President Name: Mark Jones	Vice-President Name: Rosemarie Jones
Street Address: 12359 Laguna Valley Terrace	Street Address: 12359 Laguna Valley Terrace
City: Boynton State: FL Zip: 33473	City: Boynton State: FL Zip: 33473
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name: Mark Jones	Director Name:
Street Address: 12359 Laguna Valley Terrace	Street Address:
City: Boynton State: FL Zip: 33473	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
1000	STK	.01

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
Daniel J Urso CPA	2/26/21

Signature of Authorized Representative: DJ Urso — SIGN DOCUMENT HERE

FILED
MAR 2 2021
BY 48DRX
8:40

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