RI SOS Filing	Date: 3/3/2021 4:00:00 PM						
State of Rhode Island  Department of Sta	ate - Busine	ess Services D	ivision		_		
nnual Report for the year: 2021					. وسع		
Corporation							
<ul> <li>→ Filing period: January 1 - M</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 f</li> </ul>	MAR 0 3 2021						
. Entity ID Number				<del></del> :	<u> </u>	$\mathcal{A}$	
000012811		Exact name of the Corporation  CUND PILOTS, INC.					
3. Principal Office Address 243 Spring Street			City Newport		State RI	02840	
. NAICS Code					siand		
561990	Administrative and support services to marine pilots						
s. State of Incorporation Rhode Island							
. List ALL officers (names and ad	dresses)		· · · · · ·	Check	the box to in	ndicate an attachment	
President Name Clinton Walker	Vice-President Name Vincent C. Kirby						
treet Address 21 Madison Drive			Street Address 17 Bryer Avenue				
E. Sandwich	State MA	Zip 02537	City Jamesto	wn	State R1	<sup>Zip</sup> 02835	
ecretary Name Adam Sanford	Treasurer Name David Gray						
treet Address 243 Spring Street			Street Address 243 Spring Street				
Newport	State RI	Zip 02840	City Newpor	t	State RI	Zip 02840	
List ALL directors (names and a Director Name	Check the box to indicate an attachment						
Clinton Walker	Director Name Vincent C. Kirby						
street Address 21 Madison Drive	Street Address 17 Bryer Avenue						
E. Sandwich	State MA	Zip 02537	City Jamesto	wn	State RI	Zip 02835	
David Gray			Director Name Adam Sanford				
treet Address 243 Spring Street	Street Address	243 Spring Street	-				
Newport	State R1	Zip 02840	City Newpor	·t	State R1	<sup>Zip</sup> 02840	
. Shares Authorized	d !- ab -	10. Shares Issu	ed			ndicate an attachment	
his information is currently of record in the epartment of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES  Common		No Par	
This report must be executed oustee, this report must be execute	on behalf of the o	corporation by an authe corporation by the	thorized repres	lsentative. If the corpo	ration is in t	the hands of a receiver or	
Inder penalty of perjury, I decla tatements, and that all stateme	re and affirm th nts contained i	nat I have examined	d this report, i	ncluding any accon	<del></del>	chedules and	
lame of Authorized Representative Clinton Walker					Date Z/	13/2/	
signature of Authorized Represent	ative	17	······································		<u> </u>	<u>-</u>	
j.	/ ////						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov