State of Rhode Island

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.

MAR 03 2021

B: 1335

1. Entity ID Number	2. Exact name of the Corporation			
000032938	Hammet Boat, Inc.			
3. Principal Office Address		City	State	Zip
243 Spring Street		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561990	Administrative and support services to marine pilots			
5. State of Incorporation				
Rhode Island				

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

President Name	Street Address	City	State	Zip
Clinton Walker	21 Madison Drive	E. Sandwich	MA	02537

Vice-President Name	Street Address	City	State	Zip
Vincent C. Kirby	17 Bryer Avenue	Jamestown	RI	02835

Secretary Name	Street Address	City	State	Zip
Adam Sanford	243 Spring Street	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
David Gray	243 Spring Street	Newport	RI	02840

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

Director Name	Street Address	City	State	Zip
Clinton Walker	21 Madison Drive	E. Sandwich	MA	02537

Director Name	Street Address	City	State	Zip
Vincent C. Kirby	17 Bryer Avenue	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip
David Gray	243 Spring Street	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Adam Sanford	243 Spring Street	Newport	RI	02840

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
1,750	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.

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
Clinton Walker	2/3/21

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