RI SOS Filing Number: 202193573600 Date: 3/3/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	202
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

MAR 0 3 2021

→ Penalty: Additional \$25		, ,			<u>- </u>			
1. Entity ID Number		2. Exact name of the Corporation						
000076717	Alan Baines	, Inc.						
3. Principal Office Address			City		State	Zip		
40 Mary Street			Newport		RI	02840		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business cond	ducted in Rhode Is	land	····		
441222	Yacht broke	Yacht broker; yacht charter; yacht management						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)			Check t	the box to indi-	cate an attachment		
President Name Alan Baines			Vice-President Name					
Street Address			Ctront Address					
40 Mary Street			Street Address					
City Newport	State RI	Zip 02840	City		State	Zip		
Secretary Name			Treasurer Name					
Alan Baines			Alan Baines					
Street Address 40 Mary Street			Street Address 40 Mary Street					
City Newport	State RI	Zip 02840	City Newport		State R1	Zip 02840		
8. List ALL directors (names	and addresses)	······································		Check 1	the box to indi	cate an attachment		
Director Name Alan Baines			Director Name					
Street Address 40 Mary Street			Street Address					
City	State	Zip	City		State	Zip		
Newport	RI	Zip 02840		_ .				
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Shares Authorized This information is currently of record in the			10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State.			None			AR VALUE		
Changes require an additional filing.		None	None			<u> </u>		
11. This report must be execu					ration is in the	hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I					nanyina sah	ndulas and		
statements, and that all sta	itements contained			uding any accom	panying sche	duies and		
Name of Authorized Represe	entative				Date /			
Alan Baines					12/1	g/2021		
Signature of Authorized Repr	resentative					7		
<u> </u>			<u></u>					

MAIL TO:

Division of Business Services

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

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