



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.

FILED

MAR 17 2021

BY

1. Entity ID Number 000487894		2. Exact name of the Corporation GULF STREAM COACH, INC.			
3. Principal Office Address 503 SOUTH OAKLAND AVENUE			City NAPPANEE	State INDIANA	Zip 46550
4. NAICS Code 336214		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND WHOLESALE OF RECREATIONAL VEHICLES			
5. State of Incorporation INDIANA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PHILIP S. SARVARI			Vice-President Name		
Street Address PO BOX 1005			Street Address		
City NAPPANEE	State INDIANA	Zip 46550	City	State	Zip
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 <input type="checkbox"/>
Director Name DANIEL G. SHEA			Director Name		
Street Address PO BOX 1005			Street Address		
City NAPPANEE	State INDIANA	Zip 46550	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2,270,000.00	STK/A	\$0.0000	
		9,080,000.00	STK/B	\$0.0000	
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 PHILIP S. SARVARI				Date 03/08/2021	
Signature of Authorized Representative					