RI SOS Filing Number: 202195039320 Date: 3/25/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $_{2021}$ Corporation

FILLU STAMP

MAR 2 5 2021 🐼

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.		ot filed by April 1.	RY_	2415		
1. Entity ID Number 164292	i i	e of the Corporatio	in			
Principal Office Address OCEAN AVENUE			City BLOCK ISLAND	State RI	Zip 02807	
4. NAICS Code 487210	6. Brief description of the character of business conducted in Rhode Island FISHING CHARTERS AND OTHER RELATED MARINE CHARTERS					
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names an	d addresses)		·	Check the box to indi	cate an attachment	
President Name MATTHEW KING			Vice-President Name SAME			
Street Address PO BOX 1461			Street Address			
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip	
Secretary Name SAME		Treasurer Name SAME				
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
8. List ALL directors (names a	nd addresses)	<u>.</u>		Check the box to indi	icate an attachment	
Director Name			Director Name			

MATTHEW KING Street Address PO BOX 1461			Street Address			
Director Name			Director Name		I	
Street Address	<u>-</u>		Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	

This information is currently of record in the	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Department of State.	100	COMMON	NPV
Changes require an additional filing.			
11. This report must be executed on behalf of the corr	poration by an authorized repre-	sentative. If the cornoration is in t	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

MATTHEW KING

1/15/2021

Date

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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