State of Rhode Island

Department of State - Business Services Division

FILED
APR 02 2021
STATE
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
001706426	Jet Ride Surf Company, Inc.			
3. Principal Office Address		City	State	Zip
161 Douglas Road		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
532284	Surfboard and boat rental			
5. State of Incorporation				
Rhode Island				

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

President Name	Vice-President Name
David Wilson	David Wilson
Street Address: 161 Douglas Road	Street Address: 161 Douglas Road
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Secretary Name: David Wilson	Treasurer Name: David Wilson
Street Address: 161 Douglas Road	Street Address: 161 Douglas Road
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

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

Director Name	Director Name
David Wilson	David Wilson
Street Address: 161 Douglas Road	Street Address: 161 Douglas Road
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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
100	Common	No Par Value

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
David Wilson	3/15/2021

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