



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual 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.

2021 MAY 27 AM 10:58

1. Entity ID Number <b>000110497</b>		2. Exact name of the Corporation <b>COMMETTE YACHT CONSULTANTS, INC.</b>	
3. Principal Office Address 7 Maplewood Drive		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Boat sales and maintenance		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Brian Commette		Vice-President Name Brian Commette	
Street Address 7 Maplewood Drive		Street Address 7 Maplewood Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name Brian Commette		Treasurer Name Brian Commette	
Street Address 7 Maplewood Drive		Street Address 7 Maplewood Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100	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. <b>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.</b>			
Name of Authorized Representative Brian Commette		Date 5/26/2021	
Signature of Authorized Representative 			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAY 27 2021  
BY qB4XHPK

FORM 630 - Revised: 08/2020