



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000109617		2. Exact name of the Corporation Kiwi Marine Services, LTD		2021 AUG 25 A 10:37	
3. Principal Office Address 14 Regatta Way			City Portsmouth	State RI	Zip 02871
4. NAICS Code 811219		6. Brief description of the character of business conducted in Rhode Island To repair and refit power and sail boats Title 7-1.1			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel Kerr			Vice-President Name		
Street Address 14 Regatta Way			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Matthew Kerr			Treasurer Name Matthew Kerr		
Street Address 14 Regatta Way			Street Address 14 Regatta Way		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Daniel Kerr			Director Name		
Street Address 14 Regatta Way			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			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 Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		STK
					PAR VALUE
					\$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 Daniel Kerr					Date 8/23/21
Signature of Authorized Representative 					

FILED

AUG 25 2021

BY TS2V4

10:50

FORM 630 - Revised: 08/2020