RI SOS Filing Number: 202100346600 Date: 8/25/2021 10:49:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 AUG 25 A 10:37

1. Entity ID Number	2. Exact name of the Corporation
000109617	Kiwi Marine Services, LTD

3. Principal Office Address	City	State	Zip
14 Regatta Way	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811219	To repair and refit power and sail boats
5. State of Incorporation	Title 7-1.1
RI	

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

President Name	Street Address	City	State	Zip
Daniel Kerr	14 Regatta Way	Portsmouth	RI	02871

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Matthew Kerr	14 Regatta Way	Portsmouth	RI	02871

Treasurer Name	Street Address	City	State	Zip
Matthew Kerr	14 Regatta Way	Portsmouth	RI	02871

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

Director Name	Street Address	City	State	Zip
Daniel Kerr	14 Regatta Way	Portsmouth	RI	02871

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
1000	STK	$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	Date
Daniel Kerr	8/23/21

Signature of Authorized Representative

FILED
AUG 25 2021
BY Cn T52V4
10:49

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

FORM 630 - Revised: 08/2020