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State of Rhode Island

Department of State - Business Services Division

| Annual | Report for the year: | 2016 |
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STATE

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

| To repair and refit power and sail boats Title 7-1.1 To repair and refit power and sail boats Title 7-1.1 Title 7-1 Titl | 1. Entity ID Number 000109617 | | 2. Exact name of the Corporation Kiwi Marine Services, LTD | | | | 25 A l0: 37 | | |
|---|---------------------------------|--------------------|---|-----------------------------|---------------|--------------------|---------------------------------|--|--|
| 4. NAICS Code 811219 To repair and refit power and sail boats Title 7-1.1 Title 7- | • | | | City | | | I ' | | |
| To repair and refit power and sail boats Title 7-1.1 To repair and refit power and sail boats Title 7-1.1 T | 14 Regatta Way | | | Portsmout | h | RI | 02871 | | |
| RI 7. List ALL officers (names and addresses) Check the box to indicate an attachme President Name Daniel Kerr Street Address 14. Regatta Way City Portsmouth State RI Zip 02871 City State Zip Secretary Name Matthew Kerr Street Address 14. Regatta Way City Portsmouth State RI Zip 02871 City Portsmouth Director Name Street Address 14. Regatta Way City Portsmouth State RI Zip 02871 City State Zip Director Name Street Address Street Address Street Address City State Zip Director Name Street Address Street Address City State Zip State Zip Street Address City State Zip State Zip Street Address City State Zip State Zip State Xip S | 811219 | To repair a | To repair and refit power and sail boats | | | | | | |
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| City Portsmouth Secretary Name Matthew Kerr Street Address 14 Regatta Way City Portsmouth State RI Zip 02871 Check the box to indicate an attachm Director Name Director Name Director Name Director Name Street Address 14 Regatta Way City Portsmouth State RI Zip 02871 City State Zip Director Name Director Name Director Name Street Address Street Address City State Zip State Zip Street Address City State Zip Street Address City State Zip Street Address Street Address City State Zip State Address Street Address City State Zip State Street Address Street Address City State Zip State State State Address City State Zip State St | President Name | | | | | | | | |
| Secretary Name Matthew Kerr Street Address 14 Regatta Way City Portsmouth State RI Street Address 14 Regatta Way City Portsmouth State RI Street Address Check the box to indicate an attachm Director Name Daniel Kerr Street Address 14 Regatta Way City Portsmouth Street Address 14 Regatta Way City Portsmouth Street Address 14 Regatta Way City State Zip Director Name Street Address Street Address Street Address Street Address Street Address City State Zip State Zip Street Address City State Zip 9. Shares Authorized This information is currently of record in the Department of State. 1000 STK 1000 STK \$0.0000 Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a rece trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Daniel Kerr Daniel Kerr Date Date Date Date Street Address Street Addres | Street Address 14 Regatta W | Street Address | | | | | | | |
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| City Portsmouth State RI Zip 02871 City Portsmouth Check the box to indicate an attachm Check the box to indicate an attachm Director Name Daniel Kerr Director Name Street Address 14 Regatta Way City Portsmouth Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip City State Zip Street Address Check the box to indicate an attachm Number OF Street Street Street Department of State. Chassisteries PAR VALUE Department of State. Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a rece 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 Date Signature of Authorized Representative Date Signature of Authorized Representative | | | | | | | | | |
| Director Name Street Address 14 Regatta Way Street Address | | State RI | ^{Zip} 02871 | · | | State RI | ^{Z₁p} 02871 | | |
| Director Name Daniel Kerr Director Name | 8. List ALL directors (names a | and addresses) | 1 | | Che | eck the box to inc | dicate an attachment | | |
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| Signature of Authorized Representative Daniel Kerr Signature of Authorized Representative | | | | | | companying sci | hedules and | | |
| Daniel Kerr 8/23/21 | statements, and that all sta | itements contained | | | | | | | |
| Signature of Authorized Representative | | entative | | | | Date √ | 123/21 | | |
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Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Cu T52V4

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