



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2015**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
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	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 Daniel Kerr				Date 8/23/21	
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.govAUG 25 2021
BY CA T52V4
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FORM 630 - Revised: 08/2020