RI SOS Filing Number: 202100347940 Date: 8/25/2021 10:37:00 AM

State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2006

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 10:36

1. Entity ID Number	2. Exact name of the Corporation		
000109617	Kiwi Marine Services, LTD		
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	Date
Daniel Kerr	8/23/21

Signature of Authorized Representative

FILED

AUG 25 2021

BY Ch T52V4

10:37

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