



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

JAN 04 2022
 2713

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

| | | | | | |
|--|--------------------|---|---|-------------------------|---------------------|
| 1. Entity ID Number 000022442 | | 2. Exact name of the Corporation L'IL TOOT CHARTERS, INC. | | | |
| 3. Principal Office Address 35 OCEAN VIEW DRIVE | | | City NARRAGANSETT | State RI | Zip 02882 |
| 4. NAICS Code 336611 | | 6. Brief description of the character of business conducted in Rhode Island SPORT FISHING CHARTER BOAT/COMMERCIAL FISHING | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JOHN C. RAINONE | | | Vice-President Name NONE | | |
| Street Address 35 OCEAN VIEW DRIVE | | | Street Address | | |
| City NARRAGANSETT | State RI | Zip 02882 | City | State | Zip |
| Secretary Name SHARON RAINONE | | | Treasurer Name JOHN C. RAINONE | | |
| Street Address SAME | | | Street Address SAME | | |
| City SAME | State | Zip | City SAME | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 0 | NO PAR | |
| 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 JOHN C. RAINONE | | | | Date 1/3/2022 | |
| Signature of Authorized Representative <i>John C Rainone</i> | | | | | |