



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>					

MAIL TO:
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