



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022

B/L

25239

1. Entity ID Number 66788		2. Exact name of the Corporation Anderson's Ski & Dive Center, Inc.			
3. Principal Office Address 5865 Post Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 451110		6. Brief description of the character of business conducted in Rhode Island Sell, manufacture, consign & mail order ski and/or scuba gear or any related sporting goods items.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary F. Anderson			Vice-President Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Gary F. Anderson			Treasurer Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary F. Anderson			Director Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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		
			150	common	no par value
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 Gary F. Anderson, President					Date 2/27/22
Signature of Authorized Representative					

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: 11/2021