



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 May 31.

FILED

APR 05 2022

BY

1. Entity ID Number 000125014		2. Exact name of the Corporation BUMPER BOATS, INC.			
3. Principal Office Address 9 JT CONNELL HIGHWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 713120	6. Brief description of the character of business conducted in Rhode Island ENTERTAINMENT				
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 ARTHUR GROVER			Vice-President Name KATHLEEN SILVESTRI		
Street Address 9 JT CONNELL HIGHWAY			Street Address 9 JT CONNELL HIGHWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name KATHLEEN SILVESTRI			Treasurer Name ARTHUR GROVER		
Street Address 9 JT CONNELL HIGHWAY			Street Address 9 JT CONNELL HIGHWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTHUR GROVER			Director Name KATHLEEN SILVESTRI		
Street Address 9 JT CONNELL HIGHWAY			Street Address 9 JT CONNELL HIGHWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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
			200	COMMON	1.00
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 ARTHUR GROVER					Date 1/27/22
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