State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FEB 23 2023
1594 R

1. Entity ID Number	2. Exact name of the Corporation			
000019062	YACHT CLUB BOTTLING WORKS, INC.			
3. Principal Office Address		City	State	Zip
2239 Mineral Spring Avenue		North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
311999	Soda and bottling company			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	John A. Sgambato		Vice-President Name	Michael W. Sgambato	
Street Address	2239 Mineral Spring Avenue		Street Address	2239 Mineral Spring Avenue	
City	North Providence	State RI Zip 02911	City	North Providence	State RI Zip 02911
Secretary Name	John A. Sgambato		Treasurer Name	John A. Sgambato	
Street Address	2239 Mineral Spring Avenue		Street Address	2239 Mineral Spring Avenue	
City	North Providence	State RI Zip 02911	City	North Providence	State RI Zip 02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	John A. Sgambato		Director Name	None	
Street Address	2239 Mineral Spring Avenue		Street Address		
City	North Providence	State RI Zip 02911	City	State	Zip
Director Name	None		Director Name	None	
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
300	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: John A. Sgambato
Date: 2/8/23

Signature of Authorized Representative: John Sgambato TD

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov