



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

STAMP

FEB 28 2023

BY

21633  
OS

1. Entity ID Number 000032080		2. Exact name of the Corporation Itchiban Yacht Painters, Inc.			
3. Principal Office Address 60 Ballou Boulevard, P.O. Box 462		City Bristol		State RI	Zip 02809
4. NAICS Code 238160	6. Brief description of the character of business conducted in Rhode Island  Yacht painting				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Andrew Aleicho			Vice-President Name Richard Frost		
Street Address P.O. Box 462			Street Address P.O. Box 462		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Andrew Aleicho			Treasurer Name Richard Frost		
Street Address P.O. Box 462			Street Address P.O. Box 462		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Andrew Aleicho			Director Name Richard Frost		
Street Address P.O. Box 462			Street Address P.O. Box 462		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			60	Common	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. <b>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.</b>					
Name of Authorized Representative Andrew Aleicho				Date 2/16/2023	
Signature of Authorized Representative <i>Andrew Aleicho</i>					

## 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