



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

STATE

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
DEPT. OF STATE

2023 FEB 28 P.D.

1. Entity ID Number 000799965		2. Exact name of the Corporation XTLF Corp.			
3. Principal Office Address 1022 Bay Colony Dr S			City Juno Beach	State FL	Zip 33408
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island Yacht charter business			
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 Christopher Lee			Vice-President Name		
Street Address 1022 Bay Colony Dr S			Street Address		
City Juno Beach	State FL	Zip 33408	City	State	Zip
Secretary Name Christopher Lee			Treasurer Name Christopher Lee		
Street Address 1022 Bay Colony Dr S			Street Address 1022 Bay Colony Dr S		
City Juno Beach	State FL	Zip 33408	City Juno Beach	State FL	Zip 33408
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Christopher Lee			Director Name		
Street Address 1022 Bay Colony Dr S			Street Address		
City Juno Beach	State FL	Zip 33408	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200,000		CWP	0.0100
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. <i>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.</i>					
Name of Authorized Representative Christopher Lee				Date 2/27/2023	
Signature of Authorized Representative /s/ Christopher Lee				FILED 2/27 FEB 28 2023 BY F3 GRJ	

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