



RI SOS Filing Number: 202329560900

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State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2021
Corporation

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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2023 FEB 28 P 12:20

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		
			200,000		
			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.					
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 Christopher Lee				Date 2/27/2023	
Signature of Authorized Representative /s/ Christopher Lee				FILED 1222 FEB 28 2023 BY F3GR5	

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