



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.

MAR 20 2023

216508

1. Entity ID Number 001689266		2. Exact name of the Corporation The Sakonnet River Company, Ltd.			
3. Principal Office Address 220 Hope Street			City Bristol	State RI	Zip 02809
4. NAICS Code 322299		6. Brief description of the character of business conducted in Rhode Island To engage in the business of manufacturing and selling wine plates.			
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 Charles D. Tansey			Vice-President Name Robert K. Barrow		
Street Address 220 Hope Street			Street Address 31 Union Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Robert K. Barrow			Treasurer Name Charles D. Tansey		
Street Address 31 Union Street			Street Address 220 Hope Street		
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 Charles D. Tansey			Director Name Robert K. Barrow		
Street Address 220 Hope Street			Street Address 31 Union Street		
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 <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 6,000	CLASS/SERIES Common	PAR VALUE 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. <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 Charles D. Tansey				Date 3/9/23	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2015  
Phone: (401) 222-3040  
Website: www.sos.ri.gov