



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

MAR 23 2023

BY

1 Entity ID Number 87716		2 Exact name of the Corporation SEAWARD CHARTERS INC.	
3 Principal Office Address 661 West Shore Road		City Warwick	State RI
		Zip 02889	
4 NAICS Code 336611	6 Brief description of the character of business conducted in Rhode Island To provide sport fishing, sea diving, and other related activities.		
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 Richard J. Cataldi II		Vice-President Name Richard J. Cataldi II	
Street Address 661 West Shore Road		Street Address 661 West Shore Road	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02889
Secretary Name Richard J. Cataldi II		Treasurer Name Richard J. Cataldi II	
Street Address 661 West Shore Road		Street Address 661 West Shore Road	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02889
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard J. Cataldi II		Director Name	
Street Address 661 West Shore Road		Street Address	
City Warwick	State RI	Zip 02889	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
		100	Common
			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. 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 Richard J. Cataldi II		Date 3-21-2023	
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021