



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

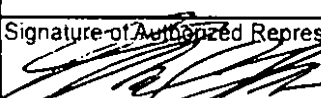
→ Filing Fee: \$50.00

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

FILED STAMP

APR 06 2023

BY 1569

1. Entity ID Number 112758		2. Exact name of the Corporation SUNSET YACHTS INC.			
3. Principal Office Address 10 DORRANCE STREET, SUITE 400			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE BOATS AND YACHTS			
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 MICHAEL M. FLAXMAN			Vice-President Name		
Street Address 200 STERLING ROAD			Street Address		
City HARRISON	State NY	Zip 10528	City	State	Zip
Secretary Name JOAN E. FLAXMAN			Treasurer Name MICHAEL M. FLAXMAN		
Street Address 200 STERLING ROAD			Street Address 200 STERLING ROAD		
City HARRISON	State NY	Zip 10528	City HARRISON	State NY	Zip 10528
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL M. FLAXMAN			Director Name		
Street Address 200 STERLING ROAD			Street Address		
City HARRISON	State NY	Zip 10528	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	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. 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 MICHAEL M. FLAXMAN				Date 4/3/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov