



State of Rhode Island
Department of State - Business Services Division

FILED

APR 10 2023

BY *[Signature]*

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.

1. Entity ID Number 88677		2. Exact name of the Corporation Yacht Services & ReSources, Inc.			
3. Principal Office Address P.O. Box 1295			City Newport	State RI	Zip 02840
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island Servicing the yachting/boating community, including retail services and resources.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph P. Milner			Vice-President Name Thomas L. McDonald		
Street Address P.O. Box 1295			Street Address 50 Bramans Lane		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Secretary Name Joseph P. Milner			Treasurer Name Thomas L. McDonald		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph P. Milner			Director Name Thomas L. McDonald		
Street Address Same as above.			Street Address same as above		
City	State	Zip	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		CLASSIF-RES
			800		Common
					PAR VALUE
					No Par Value
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 Joseph P. Milner				Date April 5, 2023	
Signature of Authorized Representative <i>[Signature]</i>					

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

FORM 630 - Revised: 2/2023