



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
APR 21 2023
BY 14260
19

1. Entity ID Number 000152485		2. Exact name of the Corporation Northrop and Johnson Yacht Charters, Inc.			
3. Principal Office Address 26 Coddington Wharf			City Newport	State RI	Zip 02840
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Yacht charter and charter management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Caryn Leahy			Vice-President Name		
Street Address 26 Coddington Wharf			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Caryn Leahy			Treasurer Name David J. Leahy		
Street Address 26 Coddington Wharf			Street Address 26 Coddington Wharf		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Caryn Leahy			Director Name		
Street Address 26 Coddington Wharf			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 CLASS/SERIES PAR VALUE		
			1000 Stock \$0.01		
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 Caryn Leahy					Date 4/5/23
Signature of Authorized Representative 					

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: 2/2023