



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
FILED
 APR 25 2023
 APR 25 2023
 BY 2019
19

1. Entity ID Number 744954		2. Exact name of the Corporation YACHT CHARTER COMPANY			
3. Principal Office Address 8 FREEBODY Street, P.O. Box 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP & MAINTENANCE of YACHTS, BOATS & VESSELS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name WILLIAM MICHAELIS.			Vice-President Name GLORIA MICHAELIS		
Street Address 425 DAUENPORT AVENUE			Street Address 425 DAUENPORT AVE		
City NEW ROCHELLE	State NY	Zip 10805	City NEW ROCHELLE	State NY	Zip 10805
Secretary Name JAMES F. HYMAN.			Treasurer Name GLORIA MICHAELIS		
Street Address 8 FREEBODY STREET, P.O. BOX 549			Street Address 425 DAUENPORT AVE		
City NEWPORT	State RI	Zip 02840	City NEW ROCHELLE	State NY	Zip 10805
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100.			
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 WILLIAM MICHAELIS					Date 4/15/2023
Signature of Authorized Representative 					