



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

MAY 11 2023

BY

1. Entity ID Number 000075647		2. Exact name of the Corporation Pleasant Sea View, Inc.			
3. Principal Office Address 19 Uxbridge Drive			City Mendon	State MA	Zip 01756
4. NAICS Code 441222		6. Brief description of the character of business conducted in Rhode Island Purchase, hold title to and mortgage boats.			
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 Brian Bethel			Vice-President Name Brian Bethel		
Street Address 19 Uxbridge Drive			Street Address 19 Uxbridge Drive		
City Mendon	State MA	Zip 01756	City Mendon	State MA	Zip 01756
Secretary Name Brian Bethel			Treasurer Name Brian Bethel		
Street Address 19 Uxbridge Drive			Street Address 19 Uxbridge Drive		
City Mendon	State MA	Zip 01756	City Mendon	State MA	Zip 01756
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 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	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 Brian Bethel				Date 2-2-2023	
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