



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 24 2023

BY 1521
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1. Entity ID Number 000045949		2. Exact name of the Corporation NEW ENGLAND BOATWORKS, INC.			
3. Principal Office Address 1 Lagoon Road			City Portsmouth	State RI	Zip 02871
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island Marine services including boat fabrication and repairs, and non-marine services			
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 Steven Casella			Vice-President Name		
Street Address 1 Lagoon Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name David S. MacBain			Treasurer Name Thomas C. Rich		
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Casella			Director Name David S. MacBain		
Street Address 1 Lagoon Road			Street Address 1 Lagoon Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Thomas C. Rich			Director Name		
Street Address 1 Lagoon Road			Street Address		
City Portsmouth	State RI	Zip 02871	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	PAR VALUE
		525		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. <i>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.</i>					
Name of Authorized Representative Thomas C. Rich					Date 5/17/2023
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