



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 1682369		2. Exact name of the Corporation Newport Yacht Adventures, Inc.		2023 MAY 30 P 2: 28	
3. Principal Office Address 270 bellevue avenue #361			City newport	State ri	Zip 02840
4. NAICS Code 713930		6. Brief description of the character of business conducted in Rhode Island CHARTER BOAT			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name wade vaiculis			Vice-President Name		
Street Address 95-1063 kaapeha street 130			Street Address		
City mililani	State HI	Zip 96789	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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		PAR VALUE
			100,000	CWP	0.0010
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 wade vaiculis				Date 05/18/2023	
Signature of Authorized Representative <i>Wade Vaiculis</i>			FILED		

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

MAY 30 2023
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