



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015

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

STAMP

1. Entity ID Number 000097615		2. Exact name of the Corporation SEA GLASS TECHNOLOGIES, INC		2023 JUL 17 P 12:11	
3. Principal Office Address BOX 858		City BRISTOL		State RI	Zip 02809
4. NAICS Code <del>488200</del> 336611		6. Brief description of the character of business conducted in Rhode Island Marine and industrial fabrication and repair services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WILLIAM MEDEIROS			Vice-President Name WILLIAM MEDEIROS		
Street Address 56 KING PHILIP AVE			Street Address 56 KING PHILIP AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name WILLIAM MEDEIROS			Director Name		
Street Address 56 KING PHILIP AVE			Street Address		
City BRISTOL	State RI	Zip 02809	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		A	0
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 MEDEIROS				Date 7/13/23	
Signature of Authorized Representative <i>William Medeiros</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

JUL 17 2023  
BY *66MT* pm  
A.A. 12:25  
FORM 630 - Revised, 04/2023