



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2013  
Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2013 JUL 17 P 12:11

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>000097615</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                             | 2. Exact name of the Corporation<br><b>SEA GLASS TECHNOLOGIES, INC</b>                                                |                        |
| 3. Principal Office Address<br><b>BOX 858</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             | City<br><b>BRISTOL</b>                                                                                                | State<br><b>RI</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             | Zip<br><b>02809</b>                                                                                                   |                        |
| 4. NAICS Code<br><b>488300-336611</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Brief description of the character of business conducted in Rhode Island<br><b>Marine and industrial fabrication and repair services</b> |                                                                                                                       |                        |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                                                                                       |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                                                                       |                        |
| President Name<br><b>WILLIAM MEDEIROS</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             | Vice-President Name<br><b>WILLIAM MEDEIROS</b>                                                                        |                        |
| Street Address<br><b>56 KING PHILIP AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             | Street Address<br><b>56 KING PHILIP AVE</b>                                                                           |                        |
| City<br><b>BRISTOL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                                                          | Zip<br><b>02809</b>                                                                                                   | City<br><b>BRISTOL</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | State<br><b>RI</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | Zip<br><b>02809</b>    |
| Secretary Name<br><b>SAME AS ABOVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             | Treasurer Name<br><b>SAME AS ABOVE</b>                                                                                |                        |
| 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<br><b>WILLIAM MEDEIROS</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | Director Name                                                                                                         |                        |
| Street Address<br><b>56 KING PHILIP AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             | Street Address                                                                                                        |                        |
| City<br><b>BRISTOL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                                                          | Zip<br><b>02809</b>                                                                                                   | City                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | State                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | Zip                    |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             | Director Name                                                                                                         |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             | Street Address                                                                                                        |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                       | Zip                                                                                                                   | City                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | State                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | Zip                    |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             | NUMBER OF SHARES                                                                                                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             | CLASS/SERIES                                                                                                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             | PAR VALUE                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             | <b>1000</b>                                                                                                           | <b>A</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                       | <b>0</b>               |
| 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.<br><b>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.</b> |                                                                                                                                             |                                                                                                                       |                        |
| Name of Authorized Representative<br><b>WILLIAM MEDEIROS</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                             |                                                                                                                       | Date<br><b>7/13/23</b> |
| Signature of Authorized Representative<br><i>William Medeiros</i>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                                       |                        |

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

A.A.  
12:23 PM  
JUL 17 2023  
BY *LBMT*