



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUL 17 P 12:10

1. Entity ID Number 000097615		2. Exact name of the Corporation SEA GLASS TECHNOLOGIES, INC			
3. Principal Office Address BOX 858		City BRISTOL	State RI	Zip 02809	
4. NAICS Code 488200 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 66M  
A.A. 12:21pm  
FORM 630- Revised: 04/2023