



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

STAMP

Annual Report for the year: 2007
Corporation

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

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

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 488300 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) Check the box to indicate an attachment <input type="checkbox"/>			
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) Check the box to indicate an attachment <input type="checkbox"/>			
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		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	
		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. <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 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

AA.
12:17 PM
JUL 17 2023
BY [Signature]