



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2001
Corporation

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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.

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
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
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address		Street Address	
City	State	Zip	City
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES A
			PAR VALUE 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 *LBMT*
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FORM 630- Revised: 04/2023