



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

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

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

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BY *LGMT*  
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