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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

JAN 22 2024
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→ 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	2. Exact name of the Corporation
001672574	RAIL EXPLORERS CORPORATION

3. Principal Office Address	City	State	Zip
14 REGATTA WAY SUITE 4	PORTSMOUTH	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713990	CORPORATE HEADQUARTERS OF NATIONAL RAIL BIKE BUSINESS PROVIDING RAIL BIKE EXCURSIONS
5. State of Incorporation	
DELAWARE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARY JOY LU	ALEX CATHPOOLE
Street Address	Street Address
98 ELLERY AVE.	98 ELLERY AVE.
City / State / Zip	City / State / Zip
MIDDLETOWN / RI / 02842	MIDDLETOWN / RI / 02842
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	A	.01

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	Date
MARY JOY LU	2/1/24

Signature of Authorized Representative

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

FORM 630- Revised: 04/2023