



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

JAN 22 2024
4342 R

- 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 001672574		2. Exact name of the Corporation RAIL EXPLORERS CORPORATION			
3. Principal Office Address 14 REGATTA WAY SUITE 4		City PORTSMOUTH	State RI	Zip 02871	
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name MARY JOY LU			Vice-President Name ALEX CATHPOLE		
Street Address 98 ELLERY AVE.			Street Address 98 ELLERY AVE.		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 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 <input type="checkbox"/>					
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 <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		
			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 MARY JOY LU				Date 2/1/24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov