



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

Annual Report for the year: _____

Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 08 2024

BY *[Signature]* 150739

| | | | | | |
|--|---------------|--|---|------------------|--------------|
| 1. Entity ID Number 000001004 | | 2. Exact name of the Corporation THE ANCHORAGE, INCORPORATED | | | |
| 3. Principal Office Address 57 MILLER STREET | | | City WARREN | State RI | Zip 02885 |
| 4. NAICS Code 336612 | | 6. Brief description of the character of business conducted in Rhode Island BOAT MANUFACTURER | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name THEODORE F. JONES, III | | | Vice-President Name NONE | | |
| Street Address 57 MILLER STREET | | | Street Address NONE | | |
| City WARREN | State RI | Zip 02885 | City NONE | State NONE | Zip NONE |
| Secretary Name ANNA V. JONES | | | Treasurer Name ANNA V. JONES | | |
| Street Address 24 CANNA STREET | | | Street Address 24 CANNA STREET | | |
| City WARWICK | State RI | Zip 02888 | City WARWICK | State RI | Zip 02888 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 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 |
| | | | 803 | | COMMON |
| | | | | | PAR VALUE |
| | | | | | NO PAR VALUE |
| 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 ANNA V. JONES | | | | Date 2/6/2024 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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