



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>000109617</b>	2. Exact name of the Corporation <b>Kiwi Marine Services, LTD</b>
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3. Principal Office Address <b>14 Regatta Way</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
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4. NAICS Code <b>811219</b>	6. Brief description of the character of business conducted in Rhode Island <b>To repair and refit power and sail boats</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>Daniel Kerr</b>			Vice-President Name		
Street Address <b>14 Regatta Way</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>Matthew Kerr</b>			Treasurer Name <b>Matthew Kerr</b>		
Street Address <b>14 Regatta Way</b>			Street Address <b>14 Regatta Way</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>

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>Daniel Kerr</b>			Director Name		
Street Address <b>14 Regatta Way</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">STK</td> <td style="text-align: center;">\$0.0000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	\$0.0000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
1000	STK	\$0.0000								

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 <b>Daniel Kerr</b>	Date <b>1/29/2024</b>
Signature of Authorized Representative 	<b>FILED</b>

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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FORM 630- Revised: 04/2023