



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS

REC'D RIDOS-BSD  
24 FEB 2 AM 11:45:59

2024 FEB 14 11:55

1. Entity ID Number 000109617	2. Exact name of the Corporation Kiwi Marine Services, LTD
----------------------------------	---

3. Principal Office Address 14 Regatta Way	City Portsmouth	State RI	Zip 02871
---	--------------------	-------------	--------------

4. NAICS Code 811219	6. Brief description of the character of business conducted in Rhode Island To repair and refit power and sail boats
5. State of Incorporation RI	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Daniel Kerr			Vice-President Name		
Street Address 14 Regatta Way			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Matthew Kerr			Treasurer Name Matthew Kerr		
Street Address 14 Regatta Way			Street Address 14 Regatta Way		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Daniel Kerr			Director Name		
Street Address 14 Regatta Way			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	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 Daniel Kerr	Date 1/29/2024
Signature of Authorized Representative	

**FILED**

FEB 14 2024

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

BY 26255 1:56

*Handwritten initials*