

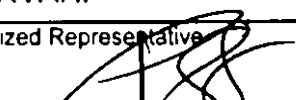


State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
24 FEB 16 AM 11:08:45
STATE

Annual Report for the year: 2024
Corporation

- 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 000487894		2. Exact name of the Corporation GULF STREAM COACH, INC.			
3. Principal Office Address 503 S. OAKLAND AVENUE			City NAPPANEE	State IN	Zip 46550
4. NAICS Code 336214		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND WHOLESALE RECREATIONAL VEHICLES			
5. State of Incorporation INDIANA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PHILIP S. SARVARI			Vice-President Name JAMES F. SHEA		
Street Address 1416 VISTULA LANDING DR.			Street Address 713 BITTERSWEET COVE		
City OSCEOLA	State IN	Zip 46561	City MISHAWAKA	State IN	Zip 46544
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 DANIEL G. SHEA			Director Name		
Street Address 14255 AVERY POINT			Street Address		
City GRANGER	State IN	Zip 46530	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
		2,270,000.00		STK/A	0.00
		9,080,000.00		STK/A	0.00
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 PHILIP S. SARVARI					Date 02/13/2024
Signature of Authorized Representative 					FILED
FEB 16 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 HTRJZ
KS