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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 2 0 2024
BY 109683

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	2. Exact name of the Corporation			
88677	Yacht Service & Resources, Inc.			
3. Principal Office Address		City	State	Zip
PO Box 24		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423910	Servicing the yachting/boating community, including retail services and resources.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Joseph P. Milner	PO Box 1295	Newport	RI	02840
Secretary Name	Street Address	City	State	Zip
Joseph P. Milner	same as above			

Vice-President Name	Street Address	City	State	Zip
Thomas L. McDonald	50 Bramans Lane	Portsmouth	RI	02871
Treasurer Name	Street Address	City	State	Zip
Thomas L. McDonald	same as above			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Joseph P. Milner	same as above			
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Thomas L. McDonald	same as above			
Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	common	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	Date
Joseph P. Milner	February 16, 2024

Signature of Authorized Representative

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

FORM 630- Revised: 12/2023