RI SOS Filing Number: 202447647930 Date: 2/27/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if fo

Penalty: Additional \$25,00 to								
Entity ID Number	2. Exact name of the Corporation							
001685937	Seal Rock Group, Inc.							
Principal Office Address	ice Address				State	Zip		
28 Pelham Street, Suite 102			Newpo	ort	RI	02840		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
52523	Acting as an agent for providing contacts for investments in joint ventures,							
5. State of Incorporation Rhode Island	acquisitions and other transactions and insurance							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Richard B. Corbin			Vice-President Name None					
Street Address 28 Pelham Street, Suite 102			Street Address					
City Newport	State RI	^{Zip} 02840	City		State	Zip		
Secretary Name Richard B. Cor	bin		Treasurer Name Richard B. Corbin					
Street Address 28 Pelham Street, Suite 102			Street Address 28 Pelham Street, Suite 102					
City Newport	State RI	^{Zip} 02840	City Newport		State RI	Zip 02840		
8. List ALL directors (names and ad	ldresses)				box to indicate a	an attachment 🔲		
Director Name None Director Name								
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		1000		Common	\$0.	01 par value		
Ad This are a second by	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						
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		
Richard B. Corbin, President						2-15-24.		
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