



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 28 2024

BY *[Signature]*

[Signature]

**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 000157021		2. Exact name of the Corporation Essential Yacht Services, Ltd.				
3. Principal Office Address 40 Hammond Street			City Newport	State RI	Zip 02840	
4. NAICS Code 532284		6. Brief description of the character of business conducted in Rhode Island To provide VIP yacht services, reservations, rentals, provisioning, any ancillary purposes, and all other lawful purposes.				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Mark A. DelGiudice			Vice-President Name Helen Burke-DelGiudice			
Street Address 40 Hammond Street			Street Address 40 Hammond Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840	
Secretary Name Helen Burke-DelGiudice			Treasurer Name Helen Burke-DelGiudice			
Street Address 40 Hammond Street			Street Address 40 Hammond Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			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 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	
		100		Common Shares	0.01 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 Helen Burke-DelGiudice				Date 2/27/2024		
Signature of Authorized Representative <i>[Signature]</i>						

MAIL TO:
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