



State of Rhode Island
Department of State - Business Services Division

FEB 29 2024

43104

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 001717159		2. Exact name of the Corporation Wickford Shipyard, Inc.	
3. Principal Office Address 125 Steamboat Avenue		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 713930	6. Brief description of the character of business conducted in Rhode Island OPERATION OF A MARINA AND BOAT STORAGE FACILITY		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GEORGE W. MCKEEN		Vice-President Name JONATHAN W. MCKEEN	
Street Address 125 STEAMBOAT AVENUE		Street Address 125 STEAMBOAT AVENUE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
			State RI
			Zip 02852
Secretary Name BRENDON MCKEEN		Treasurer Name GEORGE W. MCKEEN	
Street Address 125 STEAMBOAT AVENUE		Street Address 125 STEAMBOAT AVENUE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
			State RI
			Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name GEORGE W. MCKEEN		Director Name JONATHAN W. MCKEEN	
Street Address 125 STEAMBOAT AVENUE		Street Address 125 STEAMBOAT AVENUE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
			State RI
			Zip 02852
Director Name BRENDON MCKEEN		Director Name	
Street Address 125 STEAMBOAT AVENUE		Street Address	
City NORTH KINGSTOWN	State RI	Zip 02852	City
			State
			Zip
9. Shares Authorized 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.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	CWP
			\$0.0100
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 GEORGE W. MCKEEN			Date 2/21/24
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