State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAR 04 2024
BY

1. Entity ID Number	2. Exact name of the Corporation			
000033592	YACHT SALES, LTD			
3. Principal Office Address		City	State	Zip
31 GRANT DR		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
441222	BOAT SLIPS RENTAL			
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
John O. Erikson	31 Grant Dr.	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Beverly A. Erikson	31 Grant Dr.	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Beverly A Erikson	31 Grant Dr	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Beverly A. Erikson	31 Grant Dr	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

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
1,000.00	CNP	0.000

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: John O Erikson — Date: 3/4/2024

Signature of Authorized Representative