



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 <u>000033592</u>		2. Exact name of the Corporation <u>YACHT SALES, LTD</u>			
3. Principal Office Address <u>31 GRANT DR</u>		City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>441222</u>		6. Brief description of the character of business conducted in Rhode Island <u>BOAT Slips rental</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John O. Erikson</u>			Vice-President Name <u>Beverly A. Erikson</u>		
Street Address <u>31 GRANT DR.</u>			Street Address <u>31 GRANT DR.</u>		
City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>	
State <u>RI</u>		Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>Beverly A. Erikson</u>			Treasurer Name <u>Beverly A. Erikson</u>		
Street Address <u>31 GRANT DR</u>			Street Address <u>31 GRANT DR</u>		
City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>	
State <u>RI</u>		Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City		State
City		State	Zip	City	
State		Zip	City		State
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/SERIALS	PAR VALUE
			<u>1,000.00</u>	<u>CNP</u>	<u>0.000</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 <u>John O Erikson</u>				Date <u>3/17/24</u>	
Signature of Authorized Representative					