



**State of Rhode Island**  
**Department of State - Business Services Division**

FILED

MAR 25 2024

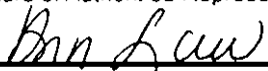
Annual Report for the year: 2024

Corporation

MAR 25 2024

BY

- 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 65295		2. Exact name of the Corporation Blue Dory Resorts, Inc.			
3. Principal Office Address 61 Dodge Street			City New Shoreham	State RI	Zip 02808
4. NAICS Code 721191		6. Brief description of the character of business conducted in Rhode Island Own and manage property			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ann Law			Vice-President Name		
Street Address 61 Dodge Street			Street Address		
City New Shoreham	State RI	Zip 02808	City	State	Zip
Secretary Name Ann Law			Treasurer Name Ann Law		
Street Address 61 Dodge Street			Street Address 61 Dodge Street		
City New Shoreham	State RI	Zip 02808	City New Shoreham	State RI	Zip 02808
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Ann Law			Director Name		
Street Address 61 Dodge Street			Street Address		
City New Shoreham	State RI	Zip 02808	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASSIFIED	
		100	Common	No Par	
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 Ann Law				Date 3/19/24	
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