



**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
JUL 18 2024
BY 1673

1. Entity ID Number 000004381		2. Exact name of the Corporation Jamestown Boat Yard, Inc.			
3. Principal Office Address 82 Clinton Avenue			City Jamestown	State RI	Zip 02835
4. NAICS Code 336612		6. Brief description of the character of business conducted in Rhode Island Manufacture, sell, and deal with yachts and accessories			
5. State of Incorporation Rhode Island					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
President Name Stephen DeVoe			Vice-President Name Christopher Otorowski		
Street Address 82 Clinton Avenue			Street Address 298 Winslow Way		
City Jamestown	State RI	Zip 02835	City Bainbridge Island	State WA	Zip 98110
Secretary Name Steven M. McInnis			Treasurer Name Stephen DeVoe		
Street Address 221 Third Street, Suite 510			Street Address 82 Clinton Avenue		
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name Stephen DeVoe			Director Name Christopher Otorowski		
Street Address 82 Clinton Avenue			Street Address 298 Winslow Way		
City Jamestown	State RI	Zip 02835	City Bainbridge Island	State WA	Zip 98110
Director Name Steven M. McInnis			Director Name		
Street Address 221 Third Street, Suite 510			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		895.92	Common	\$1.00 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 Stephen DeVoe					Date 7/17/24
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