RI SOS Filing Number: 202458992360 Date: 8/22/2024 4:00:00 PM

## State of Rhode Island

## **Department of State - Business Services Division**

AUG 2 2 2024 SETAMP

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-	Penalty:	Additional	\$25.00	fee i	f form	is not	filed by	v May	√ 31.
		- COUNCING	<b>4-0.00</b>					,	,

Entity ID Number	2. Exact name of the Corporation							
001737572	Thames Street Hospitality, Inc.							
Principal Office Address			City		State	Zip		
491-493 THAMES STREE	:T		Newport			02840		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531120	Rental of Commercial Real Estate							
5. State of Incorporation	1							
RI	<u></u>	<u></u>	<u>-</u>					
<ol><li>List ALL officers (names and add</li></ol>	resses)				k the box to indi	cate an attachment		
President Name James W. Man		Vice-President Name						
Street Address 193 Gibbs Ave		Street Address						
<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	City		State	Zip		
Secretary Name	, <del></del>	Treasurer Name						
Street Address	<del> · - · · · · · · · · · · · · · · · · ·</del>		Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	Idresses)	<del></del>	<u> </u>	Chec	k the box to indi	cate an attachment		
Director Name			Director Na					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name	<u> </u>	<u></u>	Director Na	ame	1	k		
Street Address		Street Address						
City	State	Zip	City	<del></del> .—	State	Zip		
9. Shares Authorized	<u>L</u>	10. Shares Issue	<u>l</u> ed	Сћес	k the box to indi	icate an attachment		
This information is currently of record	d in the	NUMBER OF S			SS/SERIES	PAR VALUE		
Department of State.		100	CWP			\$0.0100		
Changes require an additional filing.		<del></del>						
11. This report must be executed on	n behalf of the con	poration by an au	thorized rep	resentative. If the	e corporation is i	in the hands of a re-		
ceiver or trustee, this report must be	e executed on beh	half of the corpora	ition by the i	receiver or truster	e,			
Under penalty of perjury, I declare statements, and that all statemen				t, including any	accompanying	schedules and		
Name of Authorized Representative		GIU SIE GRA SIG	CONSCL		Date			
SAMOS W. MAYSON 429								
Signature of Authorized Representa	itive /				•			
	Mu							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Prince Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov