



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

**STAMP**

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 STATE DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2024 OCT -7 10:39

1. Entity ID Number <b>000910571</b>	2. Exact name of the Corporation <b>NEW ENGLAND YACHT RIGGING, INC.</b>		
3. Principal Office Address <b>1 MASTHEAD DRIVE UNIT 1A</b>		City <b>WARWICK</b>	State <b>RI</b>
4. NAICS Code <b>444130</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL AND WHOLESALE SAILBOAT RIGGING PRODUCTS AND SERVICES</b>		
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>KYLE WISHART</b>			Vice-President Name <b>DANIEL MARTINEZ</b>		
Street Address <b>PO BOX 641</b>			Street Address <b>PO BOX 641</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>MARC FEINSTEIN</b>			Treasurer Name <b>DANIEL MARTINEZ</b>		
Street Address <b>PO BOX 641</b>			Street Address <b>PO BOX 641</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>

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

Director Name <b>DANIEL MARTINEZ</b>			Director Name <b>KYLE WISHART</b>		
Street Address <b>PO BOX 641</b>			Street Address <b>PO BOX 641</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <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	CLASS/SERIES
	3,000	COMMON
	PAR VALUE	0.00

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 <b>DANIEL MARTINEZ</b>	Date <b>10-2-2024</b>
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Signature of Authorized Representative **FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

OCT 07 2024  
 BY ASOB3 AA. 10:40pm.