



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 AM
 02886

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

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

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

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

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

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/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 DANIEL MARTINEZ	Date 10-2-2024
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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.