



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RHODES BSD
24 DEC 4 PM 1:20:25

1. Entity ID Number 001681534	2. Exact name of the Corporation DockYard, Inc.
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3. Principal Office Address 18 Shipyard Drive, Suite 2A-26	City Hingham	State MA	Zip 02043
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4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island Web and native application development
5. State of Incorporation MA	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Cardarella		Vice-President Name Jon Lacks			
Street Address 18 Shipyard Dr. Ste. 2A-26		Street Address 18 Shipyard Dr., Ste. 2A-26			
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043
Secretary Name Sarah Woods		Treasurer Name Jon Lacks			
Street Address 18 Shipyard Dr. Ste. 2A-26		Street Address 18 Shipyard Drive, Ste. 2A-26			
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. Shares Authorized 1,175,000	10. Shares Issued 275,000 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	PAR VALUE
	275,000	Common	0.0000

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 Sarah Woods	Date 12/3/2024
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

DEC 04 2024
BY JAZC3

AA-1:21 pm.