



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

FIELD

FEB 07 2025

BY 2529 LKS

Annual Report for the year: 2025
Corporation

RI DOS MADE NON-SUBSTANTIVE EDITS

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

1. Entity ID Number <u>001722119</u>		2. Exact name of the Corporation <u>StateLine Boatworks, Inc.</u>			
3. Principal Office Address <u>294 Market St</u>			City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
4. NAICS Code <u>457120</u>		6. Brief description of the character of business conducted in Rhode Island <u>marine repair/maintenance</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Michael Tavares</u>			Vice-President Name <u>Lynn Tavares</u>		
Street Address <u>294 Market St</u>			Street Address <u>294 Market St</u>		
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		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
		<u>1,000</u>		<u>CNP</u>	<u>0</u>
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 <u>Lynn Tavares</u>					Date <u>2/4/25</u>
Signature of Authorized Representative <u>Lynn Tavares</u>					

MAIL TO:
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Website: www.sos.ri.gov