RI SOS Filing Number: 202566592270 Date: 2/27/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division  Annual Report for the year: 2025  FILED  FILED  FILED  FILED  FILED  FILED  FILED						
Annual Report for the year: 2025  Corporation  FEB 27 2025  LOGO  Annual Report for the year: 2025						
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 2. Exact name of the Corporation  OOOU 65352  Mearew's Boats, Inc						
3. Principal Office Address	0 0		City		State	Zip
521101d Post 1				lestown	R.	<u> </u>
441222						
5. State of Incorporation Marine Sales + Services						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						e an attachment
President Name Michael A-Megren			Vice-President Name + Secretory Elaine A. Megrew			
Street Address 5213 Old Post Road			Street Address 5213 Old Post Road			
City Charlestown	State	Zip 02813	Charle	stown	State RT	Zip 02,813
Secretary Name Size VP - Same			Treasurer Name Chad M. Megraw			
Street Address			Street Address 5213 Old Post Road			
City	State	Zip			State Zip 02.813	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						
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 Issue			x to indica	te an attachment 🔲
This Information is currently of record in the Department of State.		NUVBER OF SHARES		CLASS/SERIES PAR VALUE		
Changes require an additional filing.		100	Issuel	CNP 3.		18.00
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					Date 2 4- 2 5	
Signature of Authorized Representative						
Intl a. Mega-						

MAIL TO:

Division of Business Services

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

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