



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
MAR 04 2025  
BY 32942

| 1. Entity ID Number<br><b>10296</b>  |                 |  | 2. Exact name of the Corporation<br><b>SKT Sails, Inc.</b>   |                    |                     |                  |              |            |            |               |                     |  |  |  |
|--|-----------------|--|--|--------------------|---------------------|------------------|--------------|------------|------------|---------------|---------------------|--|--|--|
| 3. Principal Office Address<br><b>112 Tupelo Street</b>  |                 |  | City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b> |                  |              |            |            |               |                     |  |  |  |
| 4. NAICS Code<br><b>314910</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sail and canvas manufacturer</b> |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| 5. State of Incorporation<br><b>RI</b>   |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| President Name <b>Steven K. Thurston</b>   |                 |  | Vice-President Name <b>Neil Thurston</b>   |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Street Address <b>9 Tall Pines Drive</b>   |                 |  | Street Address <b>112 Tupelo Street</b>  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>   | City <b>Bristol</b>  | State <b>RI</b>    | Zip <b>02809</b>    |                  |              |            |            |               |                     |  |  |  |
| Secretary Name <b>Steven K. Thurston</b>   |                 |  | Treasurer Name <b>Steven K. Thurston</b>   |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Street Address <b>9 Tall Pines Drive</b>   |                 |  | Street Address <b>9 Tall Pines Drive</b>   |                    |                     |                  |              |            |            |               |                     |  |  |  |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>   | City <b>Barrington</b>   | State <b>RI</b>    | Zip <b>02806</b>    |                  |              |            |            |               |                     |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Director Name <b>Steven K. Thurston</b>  |                 |  | Director Name <b>None</b>  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Street Address <b>9 Tall Pines Drive</b>   |                 |  | Street Address   |                    |                     |                  |              |            |            |               |                     |  |  |  |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>   | City   | State              | Zip                 |                  |              |            |            |               |                     |  |  |  |
| Director Name <b>None</b>  |                 |  | Director Name <b>None</b>  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| 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.<br><br>Changes require an additional filing.   |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VA. UF</th> </tr> <tr> <td style="text-align:center"><b>300</b></td> <td style="text-align:center"><b>Common</b></td> <td style="text-align:center"><b>No Par Value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |                    |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VA. UF | <b>300</b> | <b>Common</b> | <b>No Par Value</b> |  |  |  |
|  |                 |  | NUMBER OF SHARES   | CLASS/SERIES       | PAR VA. UF          |                  |              |            |            |               |                     |  |  |  |
| <b>300</b>   | <b>Common</b>   | <b>No Par Value</b>  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
|  |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| 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.<br><b>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.</b> |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Name of Authorized Representative<br><b>Steven K. Thurston</b>   |                 |  | Date<br><b>01/23/2025</b>  |                    |                     |                  |              |            |            |               |                     |  |  |  |
| Signature of Authorized Representative<br>   |                 |  |  |                    |                     |                  |              |            |            |               |                     |  |  |  |