RI SOS Filing Number: 202566649190 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

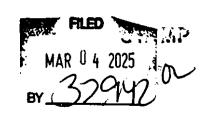
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
10296	SKT Sa	SKT Sails, Inc.					
3. Principal Office Address			City		State	Zip	
112 Tupelo Street			Bristol		RI	02809	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
314910	Sail and	Sail and canvas manufacturer					
5. State of Incorporation							
RI							
7. List ALL officers (names and	d addresses)			C	heck the box to	ndicate an attachment	
President Name Steven K. Thurston			Vice-President Name Neil Thurston				
Street Address 9 Tall Pines	Street Address 112 Tupelo Street						
^{City} Barrington	State RI	^{Zip} 02806	City Bristol		State RI	Z ^{ip} 02809	
Secretary Name Steven K. Thurston			Treasurer Name Steven K. Thurston				
©treet Address 9 Tall Pines Drive			Street Address 9 Tall Pines Drive				
^{City} Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
8. List ALL directors (names a	nd addresses)		In:	С	heck the box to	indicate an attachment 🔲	
Director Name Steven K. Thurston			Director Name None				
Street Address 9 Tall Pines Drive			Street Address				
City Barrington	State RI	^{Žip} 02806	City		State	Zıp	
Director Name None			Director Name None				
Street Address	Stroet Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized	9. Shares Authorized		10 Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		1	CLASS/SERIES PAR VA. UF		
		_ 300		Common		No Par Value	
Cuanges reduire an accidional r	iling.						
11. This report must be execut	ted on behalf of the	corporation by an a	authorized repre	sentative. If the	corporation is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d	ecuted on behalf of	the corporation by	the receiver or t	rustee.			
statements, and that all stat	ements contained			mouding any a 			
Name of Authorized Representative					Date		
Steven K. Thurston					01,	01/23/2025	
Signature of Authorized Repre							
X X Hen	10/6-						

MAIL TO:

Division of Business Services

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

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