RI SOS Filing Number: 202566729810 Date: 3/7/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 07 2025
BY 2742

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.

1. Entity ID Number	2. Exact name of the Corporation
112758	SUNSET YACHTS INC.

3. Principal Office Address	City	State	Zip
10 DORRANCE STREET, SUITE 400	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532284	TO OWN AND OPERATE BOATS AND YACHTS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MICHAEL M. FLAXMAN			Vice-President Name:		
Street Address: 200 STERLING ROAD			Street Address:		
City: HARRISON	State: NY	Zip: 10528	City:	State:	Zip:
Secretary Name: JOAN E. FLAXMAN			Treasurer Name: MICHAEL M. FLAXMAN		
Street Address: 200 STERLING ROAD			Street Address: 200 STERLING ROAD		
City: HARRISON	State: NY	Zip: 10528	City: HARRISON	State: NY	Zip: 10528

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MICHAEL M. FLAXMAN			Director Name:		
Street Address: 200 STERLING ROAD			Street Address:		
City: HARRISON	State: NY	Zip: 10528	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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
MICHAEL M. FLAXMAN	3 / 6 /2025

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

RI DOS MADE EDITS PER FILER

FORM 630- Revised: 12/2023