FILED

APR 08 2025

BY 22756

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.

1. Entity ID Number	2. Exact name of the Corporation
001689266	The Sakonnet River Company, Ltd.

3. Principal Office Address	City	State	Zip
220 Hope Street	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
322299	To engage in the business of manufacturing and selling wine plates.
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Charles D. Tansey	Allegra Tansey
Street Address: 220 Hope Street	Street Address: 502 Bristol Ferry Road
City: Bristol, State: RI, Zip: 02809	City: Portsmouth, State: RI, Zip: 02871
Secretary Name: Charles D. Tansey	Treasurer Name: Charles D. Tansey
Street Address: 220 Hope Street	Street Address: 220 Hope Street
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809

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

Director Name	Director Name
Charles D. Tansey	Allegra Tansey
Street Address: 220 Hope Street	Street Address: 502 Bristol Ferry Road
City: Bristol, State: RI, Zip: 02809	City: Portsmouth, State: RI, Zip: 02871
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

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	CLASS/SERIES	PAR VALUE
	6,000	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
Charles D. Tansey	3/24/25
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

FORM 630- Revised: 12/2023