



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

APR 24 2025

BY 2163

1. Entity ID Number 000019062		2. Exact name of the Corporation YACHT CLUB BOTTLING WORKS, INC.			
3. Principal Office Address 2239 Mineral Spring Avenue		City North Providence		State RI	Zip 02911
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island Soda and bottling company.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Sgambato			Vice-President Name Michael W. Sgambato		
Street Address 2239 Mineral Spring Avenue			Street Address 2239 Mineral Spring Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name John A. Sgambato			Treasurer Name John A. Sgambato		
Street Address 2239 Mineral Spring Avenue			Street Address 2239 Mineral Spring Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Sgambato			Director Name NONE		
Street Address 2239 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300	Common	No Par Value	
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. <i>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.</i>					
Name of Authorized Representative John A Sgambato				Date 4/18/2025	
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

FORM 630- Revised 12-2023