



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.

REC'D RIDOS BSD
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1. Entity ID Number 00405041		2. Exact name of the Corporation NSP Yachts & Recreation, Inc.			
3. Principal Office Address 70 Kirkland Road		City Weymouth		State MA	Zip 02190
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Recreational Use of Yachts and/or Recreational of Vehicles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nicholas S. Petrocelli			Vice-President Name		
Street Address 70 Kirkland Road			Street Address		
City Weymouth	State MA	Zip 02190	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Nicholas S. Petrocelli			Director Name		
Street Address 70 Kirkland Road			Street Address		
City Weymouth	State MA	Zip 02190	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 100,000	CLASS/SERIES	PAR VALUE \$0.0100
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 Nicholas S. Petrocelli				Date 05/15/2025	
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

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FORM 630- Revised: 12/2023