RI SOS Filing Number: 202574279620 Date: 6/5/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FLED T	
JUN n 5 2025 BY 1000	SECULIARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation							
69675	WARRE	N RIVER BO	DATWORK	(S, INC.				
Principal Office Address			City		State	Zip		
66 Church Street (Mail: F	Street (Mail: P.O. Box 202)		Warren		RI	02885		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
336612	Building, launching, hauling, storing, servicing and repairing of boats							
5. State of Incorporation	7							
RI								
7. List ALL officers (names and ac	dresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to i	ndicate an attachment		
President Name Paul H. Denni				Vice-President Name Paul H. Dennis				
Street Address P.O. Box 202	et Address P.O. Box 202				Street Address P.O. Box 202			
^{City} Warren	State RI	^{Zip} 02885	City Warrer	n	State RI	^{Zip} 02885		
Secretary Name Paul H. Dennis	1	1	Treasurer Name Paul H. Dennis					
Street Address P.O. Box 202	•			Street Address P.O. Box 202				
^{City} Warren	State RI	Zipasass	City Warren		State RI	Žip 02885		
	_ l	^{Zip} 02885			<u> </u>			
List ALL directors (names and a Director Name			Disaster Name	Check	the box to i	ndicate an attachment		
Paul H. Dennnis		Director Name None						
Street Address P.O. Box 202		Street Address						
City Warren	State RI	^{Z₁p} 02885	City		State	Zıp		
Director Name None		Director Name None						
Sireel Address			Street Address					
City	State	Zip ;	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	ares lesuad		Check the box to indicate an attachment			
This information is currently of rec	ord in the	NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
Department of State. 100 Changes require an additional filing.		100		Common		No Par Value		
11. This report must be executed	on behalf of the	corporation by an a	authorized repres	I sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be execu	ted on behalf of	the corporation by	the receiver or tr	rustee.				
Under penalty of perjury, I decl statements, and that all statem	are and affirm : ents contained	hat I have examine herein are true an	ed this report, it d correct	ncluding any accom	panying s	chedules and		
Name of Authorized Representative					Date			
Paul H. Dennis					4/30/25			
Signature of Authorized Representative								
Tout Iam								

MAIL TQ:

Division of Business Services

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

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