



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

- 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 RIBS BSD
25 JUN 6 PM 3:39:08
STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001688109		2. Exact name of the Corporation Alliance Sailing Inc												
3. Principal Office Address 79 Old Fort Rd			City Newport	State RI	Zip 02840									
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island Sailing School operated on the water.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Stephen C. Guyer			Vice-President Name S/A/A											
Street Address 130 Sterling Ave			Street Address											
City Greenport	State NY	Zip 11944	City	State	Zip									
Secretary Name S/A/A			Treasurer Name S/A/A											
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 S/A/A			Director Name S/A/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000</td> <td>CWP</td> <td>\$0.0010</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	CWP	\$0.0010			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
10,000	CWP	\$0.0010												
Changes require an additional filing.														
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 Stephen C. Guyer				Date 05/29/25										
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

FILED 3:44P

JUN 06 2025

FORM 630- Revised: 12/2023

BY NBDSX