



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:- 2022
Corporation

FEB 14 2022

BY 2021/5

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 33454		2. Exact name of the Corporation Seaport Studios, Inc.			
3. Principal Office Address 27 Windward Drive		City Westerly	State RI	Zip 02891	
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island Retail Sales			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jean C. Saunders		Vice-President Name Randall S. Saunders			
Street Address 27 Windward Drive		Street Address 27 Windward Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Perry Kellogg		Treasurer Name Randall S. Saunders			
Street Address 10 Newall Terrace		Street Address 27 Windward Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Jean C. Saunders		Director Name Randall S. Saunders			
Street Address 27 Windward Drive		Street Address 27 Windward Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE 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.					
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 Jean C. Saunders, Pres.				Date 2/7/2022	
Signature of Authorized Representative Jean C. Saunders, Pres.					

MAIL TO:
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