RI SOS Filing Number: 202210948710 Date: 2/11/2022 4:00:00 PM

(RR)

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2022
Corporation	

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.	00 fee if form is no	ot filed by May 31.			_			
1. Entity ID Number 10296		2. Exact name of the Corporation Thurston Sails, Inc.						
3. Principal Office Address					State	Zip		
112 Tupelo Street		Bristol		RI	02809			
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
314910	Sail and canvas manufacturer							
5. State of Incorporation RI								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Steven K. Thurston			Vice-President Name Neil Thurston					
Street Address 9 Tall Pines Drive			Street Address 112 Tupelo Street					
City Barrington	State RI	<sup>Zip</sup> 02806	<sup>City</sup> Bristol		State RI	<sup>Zip</sup> 02809		
Secretary Name Steven K. Th			Treasurer Name Steven K. Thurston					
Street Address 9 Tall Pines Drive		Street Address 9 Tall Pines Drive						
<sup>City</sup> Barrington	State RI	<sup>Zip</sup> 02806	City Barrington		State RI	<sup>Zip</sup> 02806		
8. List ALL directors (names ar	nd addresses)		<u> </u>	Check t	he box to	ndicate an attachment 🔲		
Director Name Steven K. Thurston		Director Name None						
Street Address 9 Tall Pines Drive		Street Address						
City Barrington	State RI	<sup>Zip</sup> 02806	City		State	Zip		
Director Name None		Director Name None						
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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		No Par Value		
		300		Common	Common			
11. This report must be execut					ration 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  Date								
Steven K. Thurston / .13.22						13.22		
Signature of Authorized Depresentative FILED								
		-			-			

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: 11/2021