



State of Rhode Island
Department of State - Business Services Division

FILED
 JAN 31 2023
 BY 3155
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Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 10296		2. Exact name of the Corporation Thurston Sails, Inc.					
3. Principal Office Address 112 Tupelo Street			City Bristol	State RI	Zip 02809		
4. NAICS Code 314910		6. Brief description of the character of business conducted in Rhode Island Sail and canvas manufacturer					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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	Zip 02806	City Bristol	State RI	Zip 02809		
Secretary Name Steven K. Thurston			Treasurer Name Steven K. Thurston				
Street Address 9 Tall Pines Drive			Street Address 9 Tall Pines Drive				
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Steven K. Thurston			Director Name None				
Street Address 9 Tall Pines Drive			Street Address				
City Barrington	State RI	Zip 02806	City	State	Zip		
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized							
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 <input type="checkbox"/>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		300		Common		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 Steven K. Thurston					Date 1/18/23		
Signature of Authorized Representative 							

MAIL TO:
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