



Annual Report for the year: 2023
 Corporation

FEB 06 2023

2290 ⁰²

- 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 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 RI			
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	
Street Address 10 Newall Terrace		Street Address	
City Westerly	State RI	Zip 02891	City
			State
			Zip
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 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		400	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 Jean C. Saunders, Pres.			Date 2/1/2023
Signature of Authorized Representative Jean C Saunders, Pres.			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov