RAL		Fee: \$50.0
CONCIDE OF	State of Rhode Island and Providence Plantations Office of the Secretary of State	ree: \$50.0
V	Corporations Division	
	Corporations Division 148 W. River Street	
v		
6	Providence, Rhode Island 02904-2615	
etary of 5	Telephone: (401) 222-3040	
imited Liabilit		
Innual Report	t tember 1 - November 1	
	n R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to	
	rt within thirty (30) days after the time prescribed by law (R.I.G.L.	
-10-00(D&C)) is su	ubject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2009</u>	
1. ID No. <u>000</u>	0144085	
2. Exact Name c	of the Limited Liability Company Wickford Boat Rentals, LLC	
3. State of Form	nation	
State:		
	when the and applicate charters to use and heat amountion two inits /instruction	ode Island
TO RENT power	erboats and sailboats, charters, tours and boat operation training/instruction	
5. Principal Offic	ce Address	
5. Principal Offic	ce Address <u>1 PHILLIPS STREET</u>	try: USA
5. Principal Offic No. and Street: City or Town:	ce Address <u>1 PHILLIPS STREET</u>	
5. Principal Offic No. and Street: City or Town: 6. Mailing Addree	ce Address <u>1 PHILLIPS STREET</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Counterstand State: <u>RI</u> Zip: <u>02852</u> State: <u>RI</u> State: <u>SIE</u> SIE SIE SIE SIE SIE SIE SIE SIE SIE </td <td></td>	
5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>[</u>	2 Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Count ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT	
 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>I</u> No. and Street: 	2 Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Coum ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE	try: <u>USA</u>
 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>I</u> No. and Street: City or Town: 	2 Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Coum ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE EXETER State: RI Zip: 02822 Council	
5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>[</u> No. and Street: City or Town:	2:e Address <u>1 PHILLIPS STREET</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Coum ess of Limited Liability Company and Name or Title of Contact Person: <u>DAVID C. FETHERSTON</u> Contact Title: <u>PRESIDENT</u> <u>11 QUAIL HOLLOW DRIVE</u> <u>EXETER</u> State: <u>RI</u> Zip: <u>02822</u> Cou dress of Each Manager of the Limited Liability Company, if Applicable.	try: <u>USA</u>
5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: [No. and Street: City or Town: 7. Name and Add	2:e Address <u>1 PHILLIPS STREET</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Coum ess of Limited Liability Company and Name or Title of Contact Person: <u>DAVID C. FETHERSTON</u> Contact Title: <u>PRESIDENT</u> <u>11 QUAIL HOLLOW DRIVE</u> <u>EXETER</u> State: <u>RI</u> Zip: <u>02822</u> Cou dress of Each Manager of the Limited Liability Company, if Applicable.	try: <u>USA</u>
 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>I</u> Contact Name: <u>I</u> No. and Street: City or Town: 7. Name and Addres DO NOT LIST I 	2:e Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI 2:ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE EXETER State: RI Zip: 02822 Courderss of Each Manager of the Limited Liability Company, if Applicable.	try: <u>USA</u> ntry: <u>USA</u>
 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>[</u> No. and Street: City or Town: 7. Name and Addres DO NOT LIST I 	2:e Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Count ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE EXETER State: RI Zip: 02822 Count dress of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Members	try: <u>USA</u> ntry: <u>USA</u>
5. Principal Offic No. and Street: City or Town: 5. Mailing Addres Contact Name: <u>E</u> No. and Street: City or Town: 7. Name and Add DO NOT LIST I Title 3. RESIDENT AGI	2:e Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Count ess of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE EXETER State: RI Zip: 02822 Count dress of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Members	try: <u>USA</u> ntry: <u>USA</u>
5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: [No. and Street: City or Town: 7. Name and Add DO NOT LIST I Title 8. RESIDENT AGI Changes Requ	22e Address 1 PHILLIPS STREET NORTH KINGSTOWN State: RI Zip: 02852 Count 22ss of Limited Liability Company and Name or Title of Contact Person: DAVID C. FETHERSTON Contact Title: PRESIDENT 11 QUAIL HOLLOW DRIVE EXETER State: RI Zip: 02822 Count dress of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Count SENT IN RHODE ISLAND - DO NOT ALTER	try: <u>USA</u> ntry: <u>USA</u>

Signed this 1 Day of October, 2009 at 8:47:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or*

acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>DAVID C. FETHERSTON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2009 State of Rhode Island and Providence Plantations All Rights Reserved