



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106578		2. Exact name of the limited liability company Ocean Yacht Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CHARTER SERVICE			
5. Principal office address EDWARDS & ANGELL 130 BELLEVUE AVENUE			City NEWPORT	State RI	Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ARTHUR W MURPHY ESQ.			Contact Title		
Street Address EDWARDS & ANGELL 130 BELLEVUE AVENUE			City NEWPORT	State RI	Zip 02840-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) I ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Benson P. Blake			Manager Name		
Street Address 9 Main Street			Street Address		
City Stonington	State CT	Zip 06378	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ARTHUR W. MURPHY, ESQ.			Address 130 BELLEVUE AVENUE		
Address EDWARDS ANGELL PALMER & DODGE, LLP			City NEWPORT	Zip 02840-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FILED

File Date OCT 02 2007

Check No. _____

By: 1158

FOR SECRETARY OF STATE USE ONLY

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.

Benson P. Blake 9/21/07
Signature of Authorized Person Date

Benson P. Blake
Print or Type Name of Authorized Person