



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 99151		2. Exact name of the limited liability company Vanguard Sailing Center of Rhode Island, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale of small boats and related equipment			
5. Principal office address 300 High Point Avenue			City Portsmouth	State RI	Zip 02871
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Jim Forrest			Contact Title Chief Financial Officer		
Street Address 300 High Point Avenue			City Portsmouth	State RI	Zip 02871
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Quarter Moon, Incorporated			Manager Name		
Street Address 300 High Point Avenue			Street Address		
City Portsmouth	State RI	Zip 02871	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 Jim Forrest			Address		
Address 300 High Point Avenue			City Portsmouth	Zip 02871	

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2008 SEP 11 AM 11:58

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

99151

File Date	FILED
Check No.	SEP 11 2008
By:	By <i>067894</i>
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.

Jim Forrest
Signature of Authorized Person _____ Date _____

Jim Forrest

Print or Type Name of Authorized Person