



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 | City | State |
| | Zip 02871 | | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | 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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CORPORATIONS DIV
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

99151

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|---------------------------------|-------------|
| File Date | FILED |
| Check No. | SEP 11 2008 |
| By | By 067894 |
| 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.

Signature of Authorized Person
Jim Forrest
Date
Print or Type Name of Authorized Person