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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.	2. Exact name of the limited liability company		
152144	ROAD TAKEN, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	BOATING		
5. Principal office address	City	State	Zip
11 MEMORIAL BOULEVARD	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
JAMES F. HYMAN	ESQ.		
Street Address	City	State	Zip
11 MEMORIAL BLVD.	NEWPORT	RI	02840

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) ☐

Manager Name	Manager Name		
N/A			
Street Address	Street Address		
City / State / Zip	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	Address	
JAMES F. HYMAN, ESQ.		
Address	City	Zip
11 MEMORIAL BOULEVARD	NEWPORT	02840

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

[redacted] 152144

[redacted]

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.

9/23/08
Signature of Authorized Person *Date*

[redacted] DOUGLAS MACKENZIE, MEMBER
Print or Type Name of Authorized Person

File Date FILED
Check No.
OCT 07 2008
By: By 7937
FOR SECRETARY OF STATE USE ONLY

26904-7-292641

Form 632 Rev. 07/07