



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. Rorer Street  
Providence, RI 02904-2675  
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. 274077		2. Exact name of the limited liability company WINDS OF SUMMER, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOATING			
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JAMES F. HYMAN		Contact Title ESQ.			
Street Address 11 MEMORIAL BLVD.		City NEWPORT	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name N/A		Manager Name			
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 JAMES F. HYMAN, ESQ.		Address			
Address 11 MEMORIAL BOULEVARD		City NEWPORT	Zip 02840		

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

274077

File Date	<b>FILED</b>
Check No.	<b>OCT 30 2008</b>
By:	<i>[Signature]</i>
BY 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]* *10/26/08*  
 Signature of Authorized Person Date  
**HARALD GRANT, MEMBER**  
 Print or Type Name of Authorized Person