



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. 124309 | | 2. Exact name of the limited liability company Acadia Charters, LLC | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT CHARTERS | | |
| 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 - DO NOT LIST MEMBERS 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 |
| Manager Name | | Manager Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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).

124309

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|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | OCT 30 2008 |
| By: | |
| 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 Date 10/2/08
SARA SCHROEDER, MEMBER
Print or Type Name of Authorized Person