RI SOS Filing Number: 200940351600 Date: 01/14/2009 4:00 PM

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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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			
101664	PRIVILEGE SAILING, LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
RHODE ISLAND	MARITIME TRADES			
5. Principal office address		City	State	Zip
3852 MAIN ROAD		TIVERTON	RHODE ISLAND	02878

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

Contact Name	Contact Title			
RICHARD S. HUMPHREY	ATTORNEY			
Street Address		City	State	Zip
3852 MAIN ROAD		TIVERTON	RHODE ISLAND	02878

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		
WILLIAM R. HOGARTY					
Street Address			Street Address		
7139 KOLL CENTER PARKWAY, SUITE 100					
City	State	Zip	City	State	Zip
PLEASANTON	CA	94566			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

RECEIVED
2009 JAN 14 AM 9:07
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 101664 [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.

Signature of Authorized Person *Date* 1/13/09

DAVID M. BOHONNON, ITS ATTORNEY
Print or Type Name of Authorized Person

[redacted]

File Date 1-14-09
Check No. A 2059 P 2073
By: mmc

FOR SECRETARY OF STATE USE ONLY
30221-4-305172

Form 632 Rev. 08/08