Filing Fee: \$50.00 ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

The legal name of the applicant bu Narragansett Sailing, LLC	iness corporation, limited liability company or limited partnership is:
The fictitious business name to be	sed is SailTime Rhode Island
The state or territory under the law	of which it is incorporated, organized or formed is Rhode Island
The date of incorporation, organization	ion or formation is July 24, 2009
	ss of its registered office within Rhode Island is
P.O. Box 777, Barrington, RI 028	
If a business corporation, the business	ess in which it is engaged
Applicant is otherwise authorized t	do business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
ate: 704109	Narragansett Sailing, LLC
ate:	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	BySignature of Authorized Officer of the Corporation
	<u>or</u>
	Signature of Authorized Person for the Limited Liability Company
	<u>or</u>
FILE	BySignature of Authorized Person for the Limited Partnership
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Form No. 624 Revised: 12/05 JUL 24 2009 By 495285



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

