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 2009

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
101490	Long Boat Key Tavern, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	property management/restaurant

5. Principal office address	City	State	Zip
P.O. Box 2147	Westerly	RI	02891

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

Contact Name	Contact Title
Maurice V Orlando	

Street Address	City	State	Zip
P.O. Box 2147	Westerly	RI	02891

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
Maurice V Orlando	
Street Address	Street Address
690 Old Compass Rd	
City / State / Zip: Long Boat Key / Florida / 34228	City / State / Zip:
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

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

101490

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.

Maurice V Orlando 10/2/2009
Signature of Authorized Person *Date*

Maurice V Orlando
Print or Type Name of Authorized Person

File Date	FILED
Check No.	
By:	OCT 19 2009
By	FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08