



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. 487443		2. Exact name of the limited liability company Cutlass Racing, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Sailboat racing			
5. Principal office address 67 Harrison Avenue		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Meyers & Associate, CPA, PA		Contact Title			
Street Address 5725 Corporate Way; Suite 101		City West Palm Beach	State FL	Zip 33407	
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			
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					
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					

FILED

NOV 10 2009

By *[Signature]*

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

26-3755029

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SECRETARY OF STATE
CORPORATIONS DIV
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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

11/9/09

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	