



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 132915		2. Exact name of the limited liability company FAWN VOYAGERS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND OPERATE A BOAT			
5. Principal office address 15 CHARLES STREET		City CHARLESTOWN	State RI	Zip 02129	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SUSAN A. LAROCCO			Contact Title MEMBER		
Street Address 15 CHARLES STREET		City CHARLESTOWN	State RI	Zip 02129	
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 SUSAN A. LAROCCO			Manager Name NONE		
Street Address 15 CHARLES STREET			Street Address		
City CHARLESTOWN	State RI	Zip 02129	City	State	Zip
Manager Name NONE			Manager Name NONE		
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).

132915

FILED	
File Date	NOV 09 2009
Check No.	
By:	By <u>2187</u>
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.

Susan A. Larocco 10/6/09
Signature of Authorized Person Date
SUSAN A. LAROCCO
Print or Type Name of Authorized Person