

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

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

1. ID No.	2. Exact name of the limite	ed Rability company			·	
506465	Narragensett i	Kavak and Pado	Heboat Rentals LLC			
3. State of Formation			usiness which is actually conducted in RI	bode Island		
RI	Boxt	Rental				
5. Principal office address			City D. T.	State RI	02816	
11 Magnotia lane Coventy			R.J	Ø KI	02816	
6. MAILING ADDRESS	S OF LIMITED LIAB	ILITY COMPANY AND	D NAME OR TITLE OF CONTAC	CT PERSON:		
Contact Name			Contact Title	Contact Title		
Len	Kaminski	7(,	<u></u>			
Street Address			City	State	Zip	
Street Address Same						
			ED LIABILITY COMPANY, IF AI	PPLICABLE - DO NOT I	IST MEMBERS	
7. IQUINE MIND MIDDLE		SPACES BEFORE US		FOR ATTACHMENT)	AU THE THE THE	
Manager Name			Manager Name	_		
munuger name						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
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City	State	Zip	City	State	ZIP O'	
		ļ			- 12 8A	
8. RESIDENT AGENT					15 99 80 B	
This information is cur	rently of record in the	Office of the Secretary	of State. Changes require filing o	of Form 642 - R.I.G.L. 7-16-		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct.
Check No	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONE) 131509	Print or Type Name of Authorized Person
2Q	Form 632 Rev. 08/08