



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 2008

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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 000155161		2. Exact name of the limited liability company Old Harbor Outfitters			
3. State of Formation CT		4. Brief description of the character of the business which is actually conducted in Rhode Island Fishing Apparel and Gear retail store			
5. Principal office address Foot of Broad Street		City Stratford		State CT	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steve Tempini		Contact Title CEO			
Street Address Foot of Broad Street		City Stratford		State CT	
				Zip 06615	
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 Steve Tempini		Manager Name			
Street Address 300 Quincy street		Street Address			
City Fairfield		State CT		Zip 06824	
Manager Name		Manager Name			
Street Address		Street Address			
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).

000155161

FILED	
File Date	
Check No.	MAY 06 2011
By:	CL 143906 10:35
BY	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.


Signature of Authorized Person
Date 1-21-11
Steve Tempini
Print or Type Name of Authorized Person