



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2010**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 164882		2. Exact name of the limited liability company AUKLAND, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island BOATING			
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES F. HYMAN		Contact Title REGISTERED AGENT			
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI	Zip 02840	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name REID A. DUNN		Manager Name ANDREW FLAKE			
Street Address 3528 ORDWAY STREET, NW		Street Address 80 IROQUOIS AVENUE			
City WASHINGTON	State DC	Zip 20016	City VINEYARD HAVEN	State MA	Zip 02568
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 Form 642.					

FILED
 JUL 18 2012
 D-175025
 OS

2012 JUL 18 11:12:30
 SECRETARY OF STATE
 CORPORATIONS DIV.

File Date _____

Check No _____

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.

James F. Hyman 7/18/12

 Signature of Authorized Person Date

JAMES F. HYMAN

 Print or Type Name of Authorized Person