



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 **2012**

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.<br><b>141285</b>   |       | 2. Exact name of the limited liability company<br><b>Ocean Bound LLC</b>                   |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Boat</b> |      |                    |                     |
| 5. Principal office address<br><b>125 Church Pond Drive</b>   |       | City<br><b>Tiverton</b>  |      | State<br><b>RI</b> | Zip<br><b>02878</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |      |                    |                     |
| Contact Name<br><b>Michelle Colberg</b>   |       | Contact Title  |      |                    |                     |
| Street Address<br><b>125 Church Pond Drive</b>  |       | City<br><b>Tiverton</b>  |      | State<br><b>RI</b> | Zip<br><b>02878</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> |       |  |      |                    |                     |
| 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 Form 642.   |       |  |      |                    |                     |

|                                 |
|---------------------------------|
| File Date                       |
| Check No.                       |
| By                              |
| FOR SECRETARY OF STATE USE ONLY |

**FILED**

AUG 27 2012  
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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.

*Michelle Colberg*  
Signature of Authorized Person

8/21/12  
Date

**Michelle Colberg**

Print or Type Name of Authorized Person