



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 **2013**

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. 164439		2. Exact name of the limited liability company USA 27, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Toi purchase, own, charter and otherwise operate a boat and any other lawful business			
5. Principal office address 801 Cherry Street, Suite 3700, Unit 19		City Fort Worth	State TX	Zip 76107	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Glenn Darden		Contact Title Manager			
Street Address 801 Cherry Street, Suite 3700, Unit 19		City Fort Worth	State TX	Zip 76107	
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 Glenn M. Darden		Manager Name Phillip Williamson			
Street Address 801 Cherry Street, Suite 3700, Unit 19		Street Address 319 Lipscomb			
City Fort Worth	State TX	Zip 76107	City Fort Worth	State TX	Zip 76104
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 Form 642.					

FILED

SEP 09 2013

By *mnc*
CA #1417

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.

Glenn M. Darden *9/5/13*
 Signature of Authorized Person Date
Glenn M. Darden
 Print or Type Name of Authorized Person