

## 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

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## 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.		2. Exact name of the limited liability company DARSEA SAILING, LLC				
154180	DARSEA					
3. State of Formation		Brief description of the character of business conducted in Rhode Island     BOATING				
RHODE ISLAND	BOATIN					
5. Principal office address 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip <b>02840</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME/ORSTITLE/OR/GONTACTUR	ERSON:		
Contact Name  JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip <b>02840</b>	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
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 R	\$10.00 STORY (\$1.50 )					
This information is curren	tly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.		

**FILED** 

SEP 2 4 2013

File Date

Check No.

By: 

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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 berein are true and correct.

Signature of Authorized Person

Jøhn E. Cleary

Print or Type Name of Authorized Person