

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.		2. Exact name of the limited liability company					
535070	OCEAN B	OCEAN BREEZE PRESS, LLC					
3. State of Formation	4. Brief descri	ption of the character	of business conducted in Rhode	e Island	- ALUMANA		
RHODE ISLAND	CONDUCT	CONDUCT SEMINARS & PUBLISH BOOKS					
5. Principal office address 48 SPRING STREET			City WESTERLY	State RI	Zip 02891		
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:			
Contact Name HARRIET M. GRAYS	ON		Contact Title				
Street Address 48 SPRING STREET			City WESTERLY	State RI	^{Zip} 02891		
/ LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		IESSES) OF THE LIA	MTED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOTEST MEMBERS		
Manager Name			Manager Name				
HARRIET M GRAYSO	N						
Street Address 48 SPRING STREET			Street Address				
City	State	Zip	City	State	Zip		
WESTERLY	RI	02891					
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip OR		
8, RESIDENT AGENT IN RH	ODE ISLAND						
This information is currentl	y of record in the	Office of the Secreta	ry of State. Changes require f	iling Form 642.			
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this report, including any accompanying schedules and stateme and, that all statements contained herein are true and correct. Check No. By: This report, including any accompanying schedules and stateme and, that all statements contained herein are true and correct. Signature of Authorized Person Date HARRIET M. GRAYSON	ed ents, 20/3
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012