ALPH MO	State of Rhode Island and Prov		ee: \$50.00
	Office of the Secretary	-	
	Division Of Business S 148 W. River Stre		
Sectore 10	Providence RI 02904	-2615	
cetary of St	(401) 222-3040)	
Limited Liability Compa	iny		
Annual Report Filing Period: September 1 - N	lovember 1		
	16-66(d), each limited liability company fa		
annual report within thirty (30) subject to a penalty fee of \$25	days after the time prescribed by law (R.I. 5.00.	G.L. 7-16-66(b&c)) IS	
ANNUAL REPORT YEAR: 20	013		
1. ID No. <u>000535074</u>			
2. Exact Name of the Limited Liability Company Wellcraft, LLC			
3. State of Formation			
State: DE			
4. Brief Description of the C	Character of the Business Which is Act	ually Conducted in Rhode Island	
Manufacturer of recreational	and fishing boats.		
5. Principal Office Address			
No. and Street: <u>925</u>	FRISBIE STREET		
City or Town: CAL	DILLAC State: <u>N</u>	<u>AI</u> Zip: <u>49601</u> Country: <u>USA</u>	<u> </u>
6. Mailing Address of Limit	ed Liability Company and Name or Tit	le of Contact Person:	
Contact Name: Contact Titl	e:		
	H CRESCENT DRIVE, SOUTH BU		
City or Town: <u>BEVERLY</u>		State: <u>CA</u> Zip: <u>90210</u> Country	y: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix EVA M KALAWSKI	Address, City or Town, State, Zip Code, Count	
		360 NORTH CRESCENT DRIVE, SOUTH BU BEVERLY HILLS, CA 90210 USA	ILDING
	ODE ISLAND - DO NOT ALTER of Form 642 - R.I.G.L. 7-16-11		
CT CORPORATION SYSTE	M 450 VETERANS MEMORIAL PARKM	VAY, SUITE 7A EAST PROVIDENCE,R	<u>l 02914</u>
9. This report must be exec	cuted by an authorized person pursuar	nt to R.I.G.L. 7-16-66 (b).	

Signed this 24 Day of October, 2013 at 9:52:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SALLY A. WARD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved