



**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.<br><b>105659</b>                                                                                                                                            |       | 2. Exact name of the limited liability company<br><b>MENSAE 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>BOATING</b> |                                          |                    |                     |
| 5. Principal office address<br><b>11 MEMORIAL BOULEVARD</b>                                                                                                                  |       |                                                                                               | City<br><b>NEWPORT</b>                   | State<br><b>RI</b> | Zip<br><b>02840</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                                  |       |                                                                                               |                                          |                    |                     |
| Contact Name<br><b>JAMES F. HYMAN</b>                                                                                                                                        |       |                                                                                               | Contact Title<br><b>REGISTERED AGENT</b> |                    |                     |
| Street Address<br><b>11 MEMORIAL BOULEVARD</b>                                                                                                                               |       |                                                                                               | City<br><b>NEWPORT</b>                   | State<br><b>RI</b> | Zip<br><b>02840</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><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                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                     |       |                                                                                               |                                          |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                            |       |                                                                                               |                                          |                    |                     |

**FILED**

NOV 27 2013

BY 10/20

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.

*[Signature]* 11/19/2013  
 Signature of Authorized Person Date

**CHRISTIANSE**  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
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