



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>792079</b>  |       | 2. Exact name of the limited liability company<br><b>ROME KIRBY 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>PROFESSIONAL SAILOR</b> |      |                    |                     |
| 5. Principal office address<br><b>20 CHARTIER CIRCLE</b>   |       | City<br><b>NEWPORT</b>  |      | State<br><b>RI</b> | Zip<br><b>02840</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON  |       |   |      |                    |                     |
| Contact Name<br><b>JA CK BERTHERMAN CPA</b>  |       | Contact Title<br><b>CPA</b>   |      |                    |                     |
| Street Address<br><b>3743 POST RD 2ND FL</b>   |       | City<br><b>NEWPORT</b>  |      | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>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                 |
| 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**

**NOV 29 2013**

BY 150

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.

Rome Kirby  
Signature of Authorized Person

11/27/13  
Date

**JEROME R KIRBY IV**

Print or Type Name of Authorized Person