



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2013

1. ID No. 000521512

2. Exact Name of the Limited Liability Company Providence Rowing Camp, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

A SUMMER ROWING CAMP FOR HIGH SCHOOL AGE CHILDREN

5. Principal Office Address

No. and Street: 9 SOMERSET AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02915 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: GRAHAM Contact Title: WILLOUGHBY
No. and Street: 9 SOMERSET AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02915 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CATHERINE STARR 115 PARADE STREET PROVIDENCE , RI 02909

Signed this 5 Day of March, 2014 at 11:17:24 AM 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 GRAHAM WILLOUGHBY
Signature of Authorized Person

Form No. 632
Revised 09/07

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