



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.

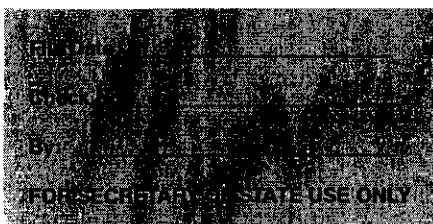
|                                                      |       |                                                                                                       |                    |                     |     |
|------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------|--------------------|---------------------|-----|
| 1. Entity ID No.<br><u>162259</u>                    |       | 2. Exact name of the limited liability company<br><u>East Coast Charters, LLC</u>                     |                    |                     |     |
| 3. State of Formation<br><u>RI</u>                   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>fishing charter</u> |                    |                     |     |
| 5. Principal office address<br><u>197 Sandy Lane</u> |       | City<br><u>Warwick</u>                                                                                | State<br><u>RI</u> | Zip<br><u>02889</u> |     |
| Contact Name<br><u>JACK Sprengel</u>                 |       | Contact Title<br><u>owner</u>                                                                         |                    |                     |     |
| Street Address<br><u>197 Sandy Lane</u>              |       | City<br><u>Warwick</u>                                                                                | State<br><u>RI</u> | Zip<br><u>02889</u> |     |
| 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 |

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED**

MAR 10 2014

BY 204



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] 2/1/14  
Signature of Authorized Person Date  
JACK Sprengel  
Print or Type Name of Authorized Person