



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 2011

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>000275696</b>                                                                                                                                  |       | 2. Exact name of the limited liability company<br><b>VANGUARD SAILBOATS LLC</b>                                                                              |                    |
| 3. State of Formation<br><b>Delaware</b>                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Sales of Sailboats, dollies, rack and accessories thru retail outlets.</b> |                    |
| 5. Principal office address<br><b>200 Highpoint Avenue</b>                                                                                                            |       | City<br><b>Portsmouth</b>                                                                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                       |       | Zip<br><b>02871</b>                                                                                                                                          |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |       |                                                                                                                                                              |                    |
| Contact Name<br><b>Daniel Pearson</b>                                                                                                                                 |       | Contact Title<br><b>CFO of Quarter Moon, Inc. (Member)</b>                                                                                                   |                    |
| Street Address<br><b>200 Highpoint Avenue</b>                                                                                                                         |       | City<br><b>Portsmouth</b>                                                                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                       |       | Zip<br><b>02871</b>                                                                                                                                          |                    |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<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.                                                     |       |                                                                                                                                                              |                    |

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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 of Authorized Person

Date

**Daniel Pearson**

Print or Type Name of Authorized Person