



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. 552011		2. Exact name of the limited liability company Adventure Sailing Charters, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Charter Sailing			
5. Principal office address 166 Diamond Hill RD		City Ashaway		State RI	Zip 02804
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Evan J. Isted		Contact Title Member			
Street Address 166 Diamond Hill RD		City Ashaway		State RI	Zip 02804
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Evan J. Isted		Manager Name			
Street Address 166 Diamond Hill RD		Street Address			
City Ashaway	State RI	Zip 02804	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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SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT -3 AM 11:04

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OCT 03 2014

By 233560

A.A. 11:05 A.M.

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.

Evan J. Isted 10/1/2014
Signature of Authorized Person Date

Evan J. Isted

Print or Type Name of Authorized Person