



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000799609

2. Exact Name of the Limited Liability Company Atkins Custom Sailing, LLC

3. State of Formation

State: RI

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

I am the sole employee and owner of Atkins Custom Sailing. I provide repair and maintenance services to mainly small (under 30 feet) racing sailboats but also take on cruising and motorboat projects that need repair and maintenance work.

5. Principal Office Address

No. and Street: 3 HEMLOCK STREET

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

Contact Name: CHAD ATKINS Contact Title: OWNER

No. and Street: 3 HEMLOCK ST

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHAD ATKINS 3 HEMLOCK STREET MIDDLETOWN , RI 02842

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of October, 2014 at 2:12:40 PM 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 CHAD ATKINS
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved