

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 105659 3. State of Formation RHODE ISLAND 4. Brief description of the character of business conducted in Rhode Island BOATING 5. Principal office address 8 FREEBODY STREET City NEWPORT NEWPORT NEWPORT NEWPORT Strate RI Contact Title REGISTERED AGENT Street Address 8 FREEBODY STREET City NEWPORT RI Contact Title REGISTERED AGENT City NEWPORT RI City NEWPORT RI Contact Title REGISTERED AGENT City NEWPORT RI City NEWPORT Street Address 8 FREEBODY STREET City NEWPORT RI City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name							
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8. RESIDENT AGENT IN RHODE ISLAND	8. RESIDENT AGENT IN RHO	DDE ISLAND			<u> </u>		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currently	of record in the	e Office of the Secr	etary of State. Changes require	filing Form 642.		

Form No. 632 Revised: 01/2012