

## 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 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. 118122		2. Exact name of the limited liability company Hempstead Navigation Service, LLC						
3. State of Formation  Rhode Island	Purchasi	Brief description of the character of business conducted in Rhode Island     Purchasing and operating maritime vessels, purchasing, holding and selling real and personal property						
5. Principal office address PO Box 123, c/o Robert L. Hempstead			City Exeter	State <b>RI</b>	Zip <b>02822</b>			
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Contact Name Robert L. Hempstead			Contact Title Authorized Person					
Street Address PO Box 123			City Exeter	State RI	Zip <b>02822</b>			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEN	BERS		
Manager Name N/A			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State		3E0		
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zip 👱	S S		
8. RESIDENT AGENT IN	RHODE ISLAND				ب	므로		
This information is curre	ently of record in th	e Office of the Sec	retary of State. Changes requi	re filing Form 642.				

	FILED
	OCT 2 8 2014
BY	a 235304
File Date	
Check No _	1758
Ву:	
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and this report, including any accompany and that all statements contained her	ing schedule:	s and statemen	 ts,
Signature of Authorized Person		Date	-
Robert L. Hempstead	MEI	1BER	
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Print or Type Name of Authorized Person