RI SOS Filing Number: 201448948660 Date: 10/28/2014 11:39 AM

**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.**

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| 1. Entity ID No. | 2. Exact name of the limited liability company | | |
|---|---|---|---|
| **789362** | **MINNOW LLC** | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | |
| **Rhode Island** | **Buying & Selling of Boats** | | |
| 5. Principal office address | City | State | Zip |
| **c/o Dooney Aviation, 63 Tom Harvey Road, Road B** | **Westerly** | **RI** | **02891** |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title | | |
|---|---|---|---|
| **H. Peter Dooney** | **Member** | | |
| Street Address | City | State | Zip |
| **c/o Dooney & Bourke, One Regent Street** | **Norwalk** | **CT** | **06856** |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐

| Manager Name | Manager Name |
|---|---|
| H. PETER DOONEY | |
| Street Address: c/o DOONEY AVIATION 63 TOM HARVEY RD | Street Address: N/A |
| City: WESTERLY State: RI Zip: 02891 | City State Zip |
| Manager Name | Manager Name |
| Street Address: N/A | Street Address: N/A |
| 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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FILED
OCT 28 2014
By 235231
A.A. 11:39 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.**

**09/23/2014**
Signature of Authorized Person — Date

**H. Peter Dooney, Member**
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
112906-3-992764