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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 2013

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.	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	Street Address	City	State	Zip
H. PETER DOONEY	c/o DOONEY AVIATION, 63 TOM HARVEY ROAD	WESTERLY	RI	02891
Manager Name	Street Address	City	State	Zip
	N/A			
Manager Name	Street Address	City	State	Zip
	N/A			

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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File Date _____
Check No _____
By: _____
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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 12/06/2012763