

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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 nan      | 2. Exact name of the limited liability company                              |                             |                             |                     |  |
|---|-------------------|---|-----------------------------|-----------------------------|---------------------|--|
| 155751                                      | Bernscar          | Bernscan Adventures, LLC  |                             |                             |                     |  |
| 3. State of Formation                       | 4. Brief desc     | 4. Brief description of the character of business conducted in Rhode Island |                             |                             |                     |  |
| Rhode Island                                | Maritime          | Maritime Trades   |                             |                             |                     |  |
| 5. Principal office address 3852 Main Road  |                   |   | City<br><b>Tiverton</b>     | State<br><b>RI</b>          | Zip<br><b>02878</b> |  |
| 6. MAILING ADDRESS OF                       | FLIMITED LIABILIT | Y COMPANY AND N   | ME OR TITLE OF CONTACT      | PERSON:                     |                     |  |
| Contact Name Richard S. Humphrey            |                   | Contact Title Attorney  |                             |                             |                     |  |
| Street Address<br>3852 Main Road            |                   |   |                             | State RI                    | Zip<br><b>02878</b> |  |
| 7. LIST ALL MANAGERS<br>("X" BOX FOR ATTACK | (NAMES AND ADD    | RESSES) OF THE LI   | MITED LIABILITY COMPANY     | , IF APPLICABLE - <u>Do</u> | NOT LIST MEMBERS    |  |
| Manager Name Jeffrey Scannelli              |                   |   | Manager Name                |                             |                     |  |
| Street Address<br>862 Lincoln Avenue        | )                 |   | Street Address              |                             |                     |  |
| City<br>Bohemia                             | State<br>NY       | Zip<br>11716  | City                        | State                       | Zip                 |  |
| Manager Name                                |                   |   | Manager Name                |                             |                     |  |
| Street Address                              |                   |   | Street Address              |                             |                     |  |
| City  | State             | Zip   | City                        | State                       | Zip                 |  |
| 8. RESIDENT AGENT IN I                      | <br>RHODE ISLAND  |   |                             |                             |                     |  |
|   |                   | e Office of the Secre   | ary of State. Changes requi | re filing Form 642.         |                     |  |

FILED OCT 0 7 2015

| File Date                       | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that a statements contained herein are true and correct. |            |  |
|---------------------------------|---|------------|--|
| Check No                        |   | 10/01/2015 |  |
| BV                              | Signature of Authorized Person  | Date       |  |
|                                 | David M. Bohonnon, Its Attorney   |            |  |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person   |            |  |

Form No. 632 Revised: 01/2012