

## 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 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 name	2. Exact name of the limited liability company						
132073	Sea Pearl,	Sea Pearl, LLC						
3. State of Formation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Maritime 1	Maritime Trades						
5. Principal office address 3852 Main Road				State RI	Zip <b>02878</b>			
6. MAILING ADDRESS C	FLIMITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTAC	PERSON:				
Contact Name Richard S. Humph	ımphrey	Contact Title Attorney						
Street Address 3852 Main Road			City <b>Tiverton</b>	State RI	Zip <b>02878</b>			
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC		ESSES) OF THE LI	MITED LIABILITY COMPANY	, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS			
Manager Name Joseph Nekola		Manager Name						
Street Address 1725 NW Harbor P	lace		Street Address					
City <b>Stuart</b>	State Florida	Zip <b>34994</b>	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN	RHODE ISLAND		CA/G					
This information is curre	ently of record in the (	Office of the Secret	ary of State. Changes requi	re filing Form 642.	<u> </u>			

## FILED

File Date	OCT 0 7 2015	Under penalty of periory, I declare and affirm this report, including any accompanying sch and that all statements contained herein are	edules and statements
Check No BY	100 1		10/01/2015
<b>By:</b>	•	Signature di Autorized Persen	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