

## 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 nar	2. Exact name of the limited liability company					
152646	Ted Willi	Ted Williams, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Maritime	Maritime Trades					
5. Principal office address 3852 Main Road			City <b>Tiverton</b>	State RI	Zip <b>02878</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:	e de la companya della companya della companya de la companya della companya dell		
Contact Name Richard S. Humphre	<b>ә</b> у	Contact Title Attorney					
Street Address 3852 Main Road	Road		City Tiverton	State RI	Zip <b>02878</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name Philip Anthony Capi			Manager Name				
Street Address 2542 N. San Gabriel	Blvd.		Street Address				
City <b>Rosemead</b>	State CA	Zip 91770	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND	L STATE OF THE STA		444			
This information is curren	tly of record in the	e Office of the Secret	ary of State. Changes require	e filing Form 642.			

## FILED

OCT 0 7 2015

File Date BY	Under penalty of perjury, I declare and affirm this report, including any accompanying sch	edules and statements
	and that all statements contained herein are	true and correct.
Check No		10/01/2015
Bv:	Signature of Authorized Person	Date
DESCRIPTION OF THE PROPERTY OF	David M. Bohonnon, Its Attorney	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012