

## 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.

164142	USA STARS & STRIPES, LLC					
3. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island     BOATING					
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip <b>02840</b>	
6. MAILING ADDRESS OF LIMIT Contact Name JAMES F. HYMAN	ED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P  Contact Title  REGISTERED AGE			
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip <b>02840</b>	
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
treet Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	<b>!</b>		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE						
This information is currently of		-		ining rollin over.	DIS OCT 14 PM 1:31	
File Date			this report, including and that all statemen	any accompanying its contained herein	firm that I have examined schedules and statement are true and correct.	
Check No			Signature of Authorize	d Person	10/14/2015 Date	
By:			James F. Hymar		Date	
FOR SECRETARY OF STATE U	JSE ONLY		Print or Type Name of			

Form No. 632 Revised: 01/2012