

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 of the limited liability company TIN CUP SAILING, LLC | | | | | |
|--|--|----------------------|----------------------------------|-------------------------------------|---|--|
| 849391 | | , | | | | |
| 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 02840 | |
| 6. MAILING ADDRESS OF LIMIT | ED LIABILITY | COMPANY AND NA | 1 | ERSON: | | |
| Contact Name JAMES F. HYMAN | | | Contact Title REGISTERED AGENT | | | |
| Street Address 8 FREEBODY STREET | | | City NEWPORT | State RI | Zip 02840 | |
| 7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT | | ESSES) OF THE LIF | MITED LIABILITY COMPANY, II | F APPLICABLE - DO | NOT LIST MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| B. RESIDENT AGENT IN RHODE | ISLAND | | | 18 18 18 18 18 | | |
| This information is currently of | record in the | Office of the Secret | ary of State. Changes require | filing Form 642. | <u> </u> | |
| | | FILED | _ | | OCT 14 PM | |
| | | CT 1 4 2015 | | | ************************************** | |
| | BY_ON | L25840 | 19 | | • | |
| File Date | | | Under penalty of per | any accompanying | from that I have examined schedules and statement are true and correct. | |
| Check No | | | | 10-8-15 | | |
| Ву: | | | Signature of Authorize | Signature of Authorized Person Date | | |
| FOR SECRETARY OF STATE U | ISE ONLY | | Michael Print or Type Name of | Authorized Person | <u>ن</u> | |

Form No. 632 Revised: 01/2012