

## 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				
128827	PATRICI	A RESOLUTE, I	LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	BOATING	3				
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip <b>02840</b>	
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	•	
Contact Name  JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 8 FREEBODY STREET			City NEWPORT	State <b>RI</b>	Zip <b>02840</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE I	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND			l		
This information is currently	of record in the	e Office of the Secre	etary of State. Changes require t	filing Form 642.		
			ED 4 2015		OCT 14 PM 1:31	
		OCT 1 BY CM 2	58429			
File Date Check No  By: FOR SECRETARY OF STAT			Under penalty of perj	any accompanying ts contained berein a difference of Person D- 5 no	irm that I have examined schedules and statements are true and correct.  Au w/4/15  Jack	

Form No. 632 Revised: 01/2012