

## 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. 124 <i>6</i> 77	2. Exact name	of the limited liabili	ty company			
	4. Brief descri	otion of the characte	er of business conducted in Rhoo	le Island		
RHODE ISLAND	BOATING					
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip <b>02840</b>	
. MAILING ADDRESS OF LIMIT	ED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:	Automore and a second a second and a second	
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip <b>02840</b>	
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)		ESSES) OF THE L	IMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			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						
This information is currently of a	record in the	Office of the Secre	tary of State. Changes require	filing Form 642.		
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	BY/	OCT 14 2015 W2584	29		- 000 - 000 - 000	
File Date			this report, including	jury, I declare and aff g any accompanying ats contained herein a	Irm that I have examined schedules and statements	
Check No			111-1	Levelge	- 9-80-1	
By:			Signature of Authorize	ed Person	Date	
			TEDE	THERIDGE	•	
FOR SECRETARY OF STATE U	SE ONLY		Print or Type Name of	Print or Type Name of Authorized Person		

Form No. 532 Revised: 01/2012