

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

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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.		RUNNER, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island BOATING					
RHODE ISLAND						
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
	ITED LIABILITY	COMPANY AND N	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGE	REGISTERED AGENT		
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
. LIST <u>all</u> managers (nam ("X" box for attachmen		ESSES) OF THE L	IMITED LIABILITY COMPANY, II	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	
/Janager Name	-	'	Manager Name		•	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHOD	DE ISLAND					
his information is currently o	f record in the C	Office of the Secre	etary of State. Changes require	filing Form 642.	2	
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			Under penalty of per	ury, I declare and aff	firm that I have examined	
File Date	·		and that all statemen	ts contained herejo	sonedules and statements, are true and correct	
Check No				X	9/21/20	
_			Signature of Authorize	d Person	Date	

Form No. 532 Revised: D1/2012

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