

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	of the limited liabilit	y company			
156123		,				
3. State of Formation		ion of the characte	er of business conducted in Rhod	e Island		
RHODE ISLAND	BOATING					
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
	IMITED LIABILITY	OMPANY AND N	AME OR TITLE OF CONTACT F	PERSON:		
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHMI		SSES) OF THE LI	MITED LIABILITY COMPANY, II	F 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			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHO						
This information is currently	of record in the O	ffice of the Secret	tary of State. Changes require	filing Form 642.		
		FILED) _		OCT 14	
		OCT 14 20	15		P 35.0	
	BY A	OCT 1420	429		DIV 1: 30	
File Date			Under penalty of per	any accompanying	firm that I have examined schedules and statements are true and correct.	
Check No			TUS	TWY 10/6/15		
Ву:			Signature of Authorite		/ / Date	
FOR SECRETARY OF STATE	TE USE ONLY			TRANK A. STASIOWSKI		
			Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012