

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of B siness Services

148 W. River Street, Providence, Rhode Island 0290 15

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015 Filing Period: September 1 - November 1 - This was

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.	ity ID No. 2. Exact name of the limited liability company						
442013	Herresho	Herreshoff Yacht Fittings, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
	Manufac	Manufacturing Yacht Fittings, Pulley Blocks, and Marine Fittings					
Rhode Island			,	<b>-</b>			
5. Principal office address			City	State	Zip		
18 Burnside Street, P.O. Box 717			Bristol	RI	02809		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OF TITLE OF CONTAC	TPERSON:			
Contact Name			Contact Title				
Adam F. Langerman			Manager				
Street Address			City	State	Zip		
18 Burnside Street, I	P.O. Box 717		Bristol	RI	02809		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY	(, IF APPLICABLE - <u>Do</u>			
Manager Name			Manager Name				
Adam F. Langerman							
Street Address			Street Address				
18 Burnside Street, F	P.O. Box 717						
City	State	Zip	City	State	Zip		
Bristol	RI	02809					
Manager Name			Manager Name				
Halsey C. Herreshoft	f						
Street Address			Street Address				
18 Burnside Street, I	P.O. Box 717						
City	State	Zip	City	State	Zip		
Bristol	RI	02809					
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in th	e Office of the Secret	tary of State. Changes requi	re filing Form 642.			

entre ette en er		Under penalty of perjury, I declare and affirm	that I have examined
File Date	OCT 1 9 2015	this report, including any accompanying sch and that all statements contained herein are	edules and statements
Check No	18/033	Haly C. Herrison	9/30/15 Date
FOR SECRETARY OF STATE USE ONLY	1. 0	Halsey C. Herreshoff, Member	
		Print or Type Name of Authorized Person	

CH EN

Form No. 632 Revised: 01/2012