



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. <u>001022109</u>		2. Exact name of the limited liability company <u>BIG Game Tackle LLC</u>			
3. State of Formation <u>RI.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Fishing Tackle</u>			
5. Principal office address <u>35 Holly Rd. Wakefield</u> City <u>Wakefield</u> State <u>RI.</u> Zip <u>02879</u>					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>BRIAN Bacon</u> Contact Title <u>Co-owner</u> Street Address <u>35 Holly Rd.</u> City <u>Wakefield</u> State <u>RI.</u> Zip <u>02879</u>					
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT)					
Manager Name <u>Peter Bacon</u>			Manager Name		
Street Address <u>43 Crestwood Lane</u>			Street Address		
City <u>Charlestown</u>	State <u>RI.</u>	Zip <u>02813</u>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
2016 FEB 22 PM 1:04
SECRETARY OF STATE
CORPORATIONS DIV

FILED^m

FEB 22 2016

BY CR 268158

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY