



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2016 JUN 22  
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STATE  
CORPORATIONS DIV

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE

|  |          |   |                        |           |     |
|--|----------|---|------------------------|-----------|-----|
| 1. Entity ID Number  |          | 2. Exact name of the Limited Liability Company                              |                        |           |     |
| 147440   |          | ALTERNATE CHARTERS, LLC   |                        |           |     |
| 3. State of Formation  |          | 4. Brief description of the character of business conducted in Rhode Island |                        |           |     |
| RHODE ISLAND   |          | MARITIME TRADES   |                        |           |     |
| 5. Principal Office Address  |          | City  | State                  | Zip       |     |
| 3852 MAIN ROAD   |          | TIVERTON  | RI                     | 02878     |     |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |          |   |                        |           |     |
| Contact Name DAVID M. BOHONNON   |          |   | Contact Title ATTORNEY |           |     |
| Street Address 195 CHURCH STREET, 8TH FLOOR  |          | City NEW HAVEN  | State CT               | Zip 06510 |     |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |          |   |                        |           |     |
| Manager Name CHRISTOPHER P. WILSON   |          |   | Manager Name           |           |     |
| Street Address BOX 84  |          |   | Street Address         |           |     |
| City SOUTH SALEM   | State NY | Zip 10590   | City                   | State     | Zip |
| Manager Name   |          |   | Manager Name           |           |     |
| Street Address   |          |   | Street Address         |           |     |
| City   | State    | Zip   | City                   | State     | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>   |          |   |                        |           |     |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.   |          |   |                        |           |     |
| 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. |          |   |                        |           |     |
| Name of Authorized Person  |          |   | Date                   |           |     |
| DAVID M. BOHONNON, ITS ATTORNEY  |          |   | June 21, 2016          |           |     |
| Signature of Authorized Person   |          |   | SIGN DOCUMENT          |           |     |

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