



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 JUN 22 AM 9:00

Limited Liability Company Annual Report for the year: 2010

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 DAVID M. BOHONNON, ITS ATTORNEY				Date June 21, 2016	
Signature of Authorized Person 				SIGN DOCUMENT	

FILED

JUN 22 2016

BY CR 277263
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