

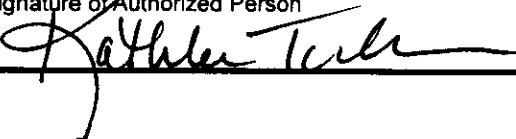


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 796214		2. Exact name of the Limited Liability Company CARLI'S CHARTERS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island the management and ownership of a boat			
5. Principal Office Address 21 Surf Drive		City Bristol		State RI	Zip 02809-0000
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kathleen Tucker			Contact Title Manager		
Street Address 21 Surf Drive		City Bristol		State RI	Zip 02809-0000
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kathleen Tucker			Manager Name Carlton Tucker		
Street Address 21 Surf Drive			Street Address 21 Surf Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Kathleen Tucker Manager				Date 09/01/2016	
Signature of Authorized Person 				SIGN DOCUMENT HERE 9/1/16	

FILED
SEP 06 2016

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 10/10