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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

| 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.

| Entity ID Number  | 2 Exact name   | a of the Limited      | Linkille, Communication           |                           |                       |
|---|--|-----------------------|-----------------------------------|---------------------------|-----------------------|
| 137718  | Exact name of the Limited Liability Company     BAK SAILING, LLC         |                       |                                   |                           |                       |
|   | BAK SAILING  | <u> </u>              |                                   |                           |                       |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                       |                                   |                           |                       |
| 71 - Arts, Entertainment, and R                                       | SINGLE ASSET LLC CONSISTING OF A MODEL 485 ISLAND PACKET                 |                       |                                   |                           |                       |
| 5. State of Formation   |  |                       |                                   |                           |                       |
| RHODE ISLAND  |  |                       |                                   |                           |                       |
| 6. Principal Office Address   |  | , ,                   | City                              | State                     | Zip                   |
| 133 OLD TOWER HILL ROAD,  | STE. 1   |                       | WAKEFIELD                         | RI                        | 02879                 |
| 7. Mailing Address of Limited Liab                                    | oility Company   | and Name or Ti        | tle of Contact Person             |                           |                       |
| Contact Name ARCHIBALD B. KENYON, JR.                                 |  | Contact Title MANAGER |                                   |                           |                       |
| Street Address 133 OLD TOWER HILL ROAD, STE. 1                        |  | City WAKEFIELD        | State RI                          | <sup>Zip</sup> 02879      |                       |
| 8. List ALL managers (names and                                       | d addresses) o   | f the Limited Lia     | bility Company, IF APPLICAB       | LE - DO NOT LIST I        | MEMBERS               |
| Manager Name ARCHIBALD B. KENYON, JR.                                 |  | Manager Name          |                                   |                           |                       |
| Street Address 133 OLD TOWER HILL ROAD, STE. 1                        |  | Street Address        |                                   |                           |                       |
| City WAKEFIELD  | State RI   | <sup>Zip</sup> 02879  | City                              | State                     | Zip                   |
| Manager Name  |  | Manager Name          |                                   |                           |                       |
| Street Address  |  | Street Address        |                                   |                           |                       |
| City  | State  | Zip                   | City                              | State                     | Zip                   |
|   |  |                       |                                   | Check the box to in       | ndicate an attachment |
| 9. Resident Agent in Rhode Island                                     | . This information   | n is currently of re  | cord with the Department of State | a. Changes require filing | 3 Form 642            |
| Under penalty of perjury, I decla<br>statements, and that all stateme | re and affirm :  | that I have exa       | mined this report, including      | any accompanying          | schedules and         |
| Name of Authorized Person   |  |                       | and confect.                      | Date                      |                       |
| ARCHIBALD B. KENYON, JR   |  |                       | 9/7/4                             |                           |                       |
| Signature of Authorized Person William Kring A FE                     |  |                       |                                   |                           |                       |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov





The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from limited liability companies and hope these three voluntary questions will help us better present useful trends and information on the health of our economy:

| \$0-\$50,000<br>\$51,000-\$250,000<br>\$251,000-\$500,000<br>\$501,000-\$1,000,000   | Entity ID Number  | Name of the Limited Liability Company BAK SAILING, LLC |
|--|---|--|
| 2. How many full-time employees does the business have:    0-5   | ☐ Woman ☐ Veteran ☐ Disabled                              |  |
| □ 0-5 □ 6-50 □ 51-200 □ 201-500 □ Over 500  3. What are the gross revenues for the business for the past year: ~p~ □ \$0-\$50,000 □ \$51,000-\$250,000 □ \$251,000-\$500,000 □ \$501,000-\$1,000,000 | ivalive American, As                                      | sian Pacific or Subcontinent Asian American)           |
| ☐ 6-50 ☐ 51-200 ☐ 201-500 ☐ Over 500  3. What are the gross revenues for the business for the past year: ☐ \$0-\$50,000 ☐ \$51,000-\$250,000 ☐ \$251,000-\$500,000 ☐ \$501,000-\$1,000,000           | 2. How many full-time emp                                 | loyees does the business have: 🤫 🗸                     |
| \$51,000-\$250,000<br>\$251,000-\$500,000<br>\$501,000-\$1,000,000   | 6-50<br>51-200<br>201-500                                 |  |
| \$51,000-\$250,000<br>\$251,000-\$500,000<br>\$501,000-\$1,000,000   | <ol><li>What are the gross rever</li></ol>                | nues for the business for the past year: -/2-          |
|  | \$0-\$50,000<br>\$51,000-\$250,000<br>\$251,000-\$500,000 |  |

**Please note** that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL <u>38-2 Access to Public Records</u>.

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