	State of Rhode Island and Providence Plantations Fee: \$50
	Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liability C	ompany
Annual Report	
Filing Period: Septembe	ər 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing
	within thirty (30) days after the time prescribed by law (R.I.G.L. 7- o a penalty fee of \$25.00.
ANNUAL REPORT YE	
1. ID No. <u>000521</u>	.512
2. Exact Name of the	e Limited Liability Company Providence Rowing Camp, LLC
3. State of Formation	n
State: <u>RI</u>	
Using the following NA	ICS codes, please select the code that best describes your business.
Using the following NA	ICS codes, please select the code that best describes your business.
NAICS Code	<u>6</u> <u>71</u>
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NAICS Code 4. Brief Description of <u>A SUMMER ROWI</u> 5. Principal Office Ad	6 71 of the Character of the Business Which is Actually Conducted in Rhode Island NG CAMP FOR HIGH SCHOOL AGE CHILDREN Idress
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NAICS Code 4. Brief Description of A SUMMER ROWIT 5. Principal Office Ad No. and Street: 9 City or Town: 1 6. Mailing Address of Contact Name: GRA No. and Street: 9 City or Town: 1 Eity or Town: 1 Contact Name: 1 Output 1 Contact Name: 1 Output 1 Outpu<	Image: Solution of the Second Seco
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GRAHAM WILLOUGHBY</u> <u>9 SOMERSET AVENUE</u> <u>RIVERSIDE</u>, <u>RI</u> <u>02915</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 8:08:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>GRAHAM WILLOUGHBY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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