State of Knode 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.

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1. Entity ID Number	I .	e of the Limited Lia	ability Company				
1521489	Sail on Hope	Sail on Hope San LLC					
3. NAICS Code	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island					
71 - Arts, Entertainment, and Re	Classic sailboat charter						
5. State of Formation							
RI	1						
6. Principal Office Address	·		City	State	Zip		
5 Canonicus Ave.			Newport	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
			Contact Title Owner				
Street Address 5 Canonicus Ave.		City Newport	State RI	^{Zip} 02840			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	Manager Name						
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with 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							
Patrick P. Abrecht			Date 9/12/1016	9/12/1016			
Signature of Authorized Person							
					P		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

FILE

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FORM 682 Poviced 08/204