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	

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

1. Entity ID Number	2. Exact name of the Limited Liability Company						
127241	Belvedere E		Liability Company				
3. NAICS Code 48-49 - Transportation and Wa 5. State of Formation	Brief description of the character of business conducted in Rhode Island BOAT CHARTERS						
RI							
6. Principal Office Address	<u>L</u>		City	State	Zip		
989 C Mooresfield Road		Wakefield	RI	02879			
7. Mailing Address of Limited Lia	bility Compan	y and Name or 7					
Contact Name Robert J. Snyder			Contact Title				
Street Address 989C Mooresfield Road		City Wakefield	State RI	^{Zip} 02879			
8. List ALL managers (names an	id addresses)	of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name Manager Name							
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address		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 decia statements, and that all stateme	lare and affirm	n that I have exa	amined this report, including	g any accompanying	schedules and		
Name of Authorized Person			Date				
Robert J. Snyder Robert 1 Snucker 1			09/14/20	09/14/2016			
gnature of Authorized Person AGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

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

SEP 19 2016

BY LOYEDS