



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.

1. Entity ID Number 1336413		2. Exact name of the Limited Liability Company Island Waves LLC			
3. NAICS Code 53		4. Brief description of the character of business conducted in Rhode Island N/A Rentals in U.S. V.I.			
5. State of Formation RI					
6. Principal Office Address 32 Catherine St.		City Newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas Lambert			Contact Title Mgr		
Street Address 32 Catherine St		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 <input type="checkbox"/>					
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 Thomas Lambert				Date 9/17/16	
Signature of Authorized Person <i>Thomas Lambert</i>				SIGN 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

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 SEP 21 2016
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