

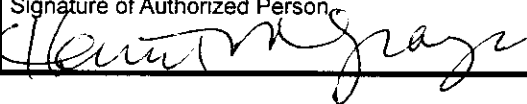


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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1. Entity ID Number 535070		2. Exact name of the Limited Liability Company OCEAN BREEZE PRESS, LLC			
3. NAICS Code 51 - Information		4. Brief description of the character of business conducted in Rhode Island CONDUCT SEMINARS & PUBLISH BOOKS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 48 SPRING STREET		City WESTERLY		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name HARRIET M. GRAYSON			Contact Title MANAGER		
Street Address 48 SPRING STREET		City WESTERLY		State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name HARRIET M. GRAYSON			Manager Name		
Street Address 48 SPRING STREET			Street Address		
City WESTERLY	State RI	Zip 02891	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 HARRIET M. GRAYSON				Date	
Signature of Authorized Person  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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