RI SOS Filing Number: 201609524430 Date: 09/27/2016 4:00 PM

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

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CORP. DIV.

**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 | 2. Exact name of the Limited Liability Company |
|---|---|
| **535070** | **OCEAN BREEZE PRESS, LLC** |
| 3. NAICS Code<br>51 - Information | 4. Brief description of the character of business conducted in Rhode Island<br>**CONDUCT SEMINARS & PUBLISH BOOKS** |
| 5. State of Formation<br>**RHODE ISLAND** | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **48 SPRING STREET** | **WESTERLY** | **RI** | **02891** |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name | Contact Title | | |
|---|---|---|---|
| **HARRIET M. GRAYSON** | **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 | Date |
|---|---|
| **HARRIET M. GRAYSON** | |

Signature of Authorized Person Harriet M Grayson ~~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 27 2016
BY CH 28454

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CH 1093

FORM 632 - Revised: 08/2016