

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				
152435	MISS MOLLY, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
71	BOATING				
5. State of Formation	BOATING				
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
8 FREEBODY STREET			NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT		
Street Address 8 FREEBODY STREET			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
			Che	eck the box to indi	cate 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	1
Robert K Wilkerson				Date 9/19	116
Robert R. Wilkerson 9/19/16 Signature of Authorized Person Pobut R. Wilkerson Signature of Authorized Person					

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 29 2016

FORM 632 - Revised: 08/2016