10rv						
Annual Report for the y	any				·	
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 			nber 1.			
1. Entity ID Number 146817	2. Exact name of the Limited Liability Company PLUM SAILING, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
71	BOATING					
5. State of Formation RHODE ISLAND						
6. Principal Office Address			City	···	State	Zip
8 FREEBODY STREET				NPORT	RI	02840
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Pe	erson		
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 8 FREEBODY STREET			City NEV	VPORT	State RI	Zip 02840
8. List ALL managers (names ar	nd addresses) of	f the Limited Liabil	lity Company,	IF APPLICABLE - D	O NOT LIST ME	MBERS
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	<u> </u>	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 decistatements, and that all statem	lare and affirm : ents contained	that I have exam herein are true a	ined this repo and correct.	ort, including any a	ccompanying s	chedules and

MAIL TO:

Division of Business Services

Name of Authorized Person

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

CONATU

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FILED

SEP 29 2016

BY 10812 D.S

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