



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<br><b>151816</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>RANDON, LLC</b>                          |                                          |                          |                                           |
| 3. NAICS Code<br><b>71</b>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BOATING</b> |                                          |                          |                                           |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                               |                                          |                          |                                           |
| 6. Principal Office Address<br><b>8 FREEBODY STREET</b>                                                                                                                                                     |       | City<br><b>NEWPORT</b>                                                                        |                                          | State<br><b>RI</b>       | Zip<br><b>02840</b>                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                               |                                          |                          |                                           |
| Contact Name<br><b>JAMES F. HYMAN</b>                                                                                                                                                                       |       |                                                                                               | Contact Title<br><b>REGISTERED AGENT</b> |                          |                                           |
| Street Address<br><b>8 FREEBODY STREET</b>                                                                                                                                                                  |       |                                                                                               | City<br><b>NEWPORT</b>                   |                          | State<br><b>RI</b><br>Zip<br><b>02840</b> |
| 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.                                                                   |       |                                                                                               |                                          |                          |                                           |
| <b>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.</b> |       |                                                                                               |                                          |                          |                                           |
| Name of Authorized Person<br><i>C. Bruce Pearson</i>                                                                                                                                                        |       |                                                                                               |                                          | Date<br><b>9-19-2016</b> |                                           |
| Signature of Authorized Person<br><i>C. Bruce Pearson, President of G.P. joint entity (sole member)</i>                                                                                                     |       |                                                                                               |                                          |                          |                                           |

**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**

**BY**

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