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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	2. Exact name of the Limited Liability Company						
140772	ARUNDALE O'BRIEN, 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					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	
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		
					9.21.16		
Signature of Authorized Person Brief O'Beif A							

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