

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_ | 2. Exact name of the Limited Liability Company | | | | |
|--|---|-------|----------------------|------------------|-----------------------------|
| 498197 | MSI BOAT CLUB, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 5 | SALE OF MARINE SUPPLIES & ASSOCIATED ITEMS INCLUDING BOATS AND TRAILERS | | | | |
| 5. State of Formation | • | | | | |
| RHODE ISLAND | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 1250 EAST MAIN ROAD | | | PORTSMOUTH | RI | 02871 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name RICHARD CROMWELL | | | Contact Title MEMBER | | |
| Street Address 1250 EAST MAIN ROAD | | | City PORTSMOUTH | State RI | ^{Zip} 02871 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name VICARD CROMIDELL | | | Manager Name | | |
| Street Address EAST Man Road, | | | Street Address | | |
| Post-smouth | State | 70287 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | L | | <u> </u> | Check the box to | ndicate 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 | | |
| RICHARD CROMWELL 9/9/1/ | | | | | |
| Signature of Authorized Person 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 **FILED**

SEP 3 0 2016

By 130/ A.A