

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016 Limited Liability Company

RECTIVED

R.I. DEFT. OF STATE

BUS SYCS DIV

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2016 OCT -3 AM II: 02

1. Entity ID Number	2. Exact name of the Limited Liability Company				
941862	Première Sailing League LLC				
3. NAICS Code	1 Brief description of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total in Electrical State of the observator of hydrogen and total state of the observator of the observa				
3. NAIGG GGGE	4. Brief description of the character of business conducted in Rhode Island				
71	7 1 (22518				
5. State of Formation	Boating Ceague				
RI					
. Principal Office Address			City	State	Zip
275 Pond Street			Boston	MA	02130
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name  Benjamin Andrews Klarkka  Street Address			Contact Title		
Street Address 275 Pond Street			City Bax fon	State	Zip 02 1 30
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					
Benjamin Andreas Klateka Signature of Authorized Person				10,03.	2016
Signature of Authorized Person					
Mahla					

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 OCT 0 3 2016

BY Cn 284955