		Ind Providence Plantatio Secretary of State	ns Fee: \$50
HOPE	Division Of I 148 W. Providence	Business Services River Street RI 02904-2615 222-3040	
_imited Liability C	ompany		
Annual Report			
Filing Period: Septembe	er 1 - November 1		
	G.L. 7-16-66(d), each limited liabl within thirty (30) days after the tin		-
	o a penalty fee of \$25.00.		
ANNUAL REPORT YE	<b>AR</b> : <u>2016</u>		
<b>1. ID No.</b> <u>000163</u>	3037		
2. Exact Name of the	e Limited Liability Company $\underline{I}$	Forty 1° North, LLC	
3. State of Formatio	n		
State: <u>RI</u>			
	ARTIC		
	-		
Using the following NA	ICS codes, please select the cod	de that best describes your bus	iness.
NAICS Code		6	<u>81</u>
4. Brief Description of	of the Character of the Busines	S Which is Actually Conducte	ed in Rhode Island
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	DTEL, RESORT AND MARIN	<u>VA</u>	
TO OPERATE A HO		<u>VA</u>	
TO OPERATE A HO	ldress	<u>VA</u>	
TO OPERATE A HO	ldress 351 THAMES STREET		Country: USA
TO OPERATE A HO	ldress 351 THAMES STREET NEWPORT	State: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
TO OPERATE A HO	ldress 351 THAMES STREET	State: <u>RI</u> Zip: <u>02840</u>	·
TO OPERATE A HO         5. Principal Office Ac         No. and Street:         City or Town:         Contact Name:         GEC	Idress 351 THAMES STREET NEWPORT f Limited Liability Company ar RGE W. MOORE Contact Title:	State: <u>RI</u> Zip: <u>02840</u> nd Name or Title of Contact P	·
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TO OPERATE A HO         5. Principal Office Ac         No. and Street:         City or Town:         Contact Name:         GEC         No. and Street:         City or Town:         Contact Name:         GEC         No. and Street:         City or Town:         No. and Street:         City or Town:         No. and Street:         City or Town:         No. and Street:         Street:         No. and Street:         Street:	Idress 351 THAMES STREET NEWPORT f Limited Liability Company ar <u>PRGE W. MOORE</u> Contact Title: 51 THAMES STREET EWPORT s of Each Manager of the Limit	State: <u>RI</u> Zip: <u>02840</u> nd Name or Title of Contact P <u>AUTHORIZED PERSON</u> State: <u>RI</u> Zip: <u>02840</u> ited Liability Company, if App	erson: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEPHEN J. MACGILLVRAY, ESQ. PIERCE ATWOOD LLP <u>72 PINE STREET</u> PROVIDENCE , <u>RI</u> 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 5 Day of October, 2016 at 9:28:21 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>RACHEL ROSSI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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