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partment 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 Evactina	me of the Limited	Liability Company			
130368	2. Exact name of the Limited Liability Company CynTom, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
55	Own and operate boats					
5. State of Formation	7					
RI						
6. Principal Office Address	<u></u>		City	State	Zip	
2 Marin Street			Newport	RI	02840	
7. Mailing Address of Limited Lia		y and Name or Ti				
Contact Name Cynthia B. Merrill	t Name Cynthia B. Merrill			Contact Title Member		
Street Address 2 Marin Street	ess 2 Marin Street		City Newport	State RI	Zip 02840	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST M	EMBERS	
Manager Name Cynthia B. Merri	11	Manager Name Thomas Dunn				
Street Address 2 Marin Street		Street Address Poppasquash Road				
City Newport	State Ri	^{Zip} 02840	City Bristol	State RI	Zip 02809	
Manager Name None		Manager Name None				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
			78	Check the box to inc	dicate an attachment	
9. Resident Agent in Rhode Islan						
Under penalty of perjury, I deci statements, and that all statem	lare and affin ents contain	n that I have exa ed herein are true	mined this report, includi e and correct.	ng any accompanying	schedules and	
Name of Authorized Person				Date	· · · · · · · · · · · · · · · · · · ·	
Cynthia B. Merrill, Member						
Signature of Authorized Person		OCHO NI ISO	CANNOT SERVICE SERVICE SERVICES	7737		
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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

FORM 632 - Revised: 08/2016