W 346	State of Rhode Island and Providence Plantations Department of State - Business Services Division —				
_imited Liability Compa → Filing period: September → Filing Fee: \$50.00	1 - November 1				
1. Entity ID Number 106187	Exact name of the Limited Liability Company VICTORY BOAT COMPANY, LLC				
	Annual Report for the your imited Liability Compation Filing period: September Filing Fee: \$50.00 → Penalty: Additional \$25.00	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			

1. Entity ID Number 106187	I	2. Exact name of the Limited Liability Company VICTORY BOAT COMPANY, LLC						
3. NAICS Code 71 5. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island BOATING						
6. Principal Office Address			City	State	Zip			
8 FREEBODY STR	REET		NEWPORT	RI	02840			
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person					
Contact Name JAMES F. HYMAN			Contact Title REGISTERE	Contact Title REGISTERED AGENT				
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	^{Zip} 02840			
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	I			Check the box to	indicate an attachment			
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of St	ate. Changes require fil	ing Form 642.			
Under penalty of perjury, statements, and that all s			examined this report, includi true and correct.	ng any accompanyi	ng schedules and			
Name of Authorized Person	1			Date	·			
Kashy Ma	drazo			9/1	9/16			
Signature of Authorized Per	rson		· · ·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
Karny M	adras)						

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 13 2016

BY____108190S