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					
90797	Atlantic Island Holdings, Limited Liability Company					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Real Estate Holding Company					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
50 Parsnip Pond Road			Lake Grove	NY	11755	
7. Mailing Address of Limited Lia	bility Compar	y and Name or Ti	tle of Contact Person	<u> </u>		
Contact Name Albert Brayson			Contact Title			
Street Address 50 Parsnip Pond Road		City Lake Grove	State NY	^{Zip} 11755		
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - do not lis t i	MEMBERS	
Manager Name Albert Brayson			Manager Name			
Street Address 50 Parsnip Pond Road			Street Address			
City Lake Grove	State NY	^{Zip} 11755	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	d. This informat	tion is currently of re	cord with the Department of Stat	te. Changes require filing	Form 642.	
Under penalty of perjury, I decl statements, and that all statem	are and affire	n that I have exa	mined this report, including	g any accompanying	schedules and	
Name of Authorized Person				Date /		
Albert Brayson				10/9	1/2014	
Signature of Authorized Person	$\overline{\chi}$	SIGN DO	CUMENT HERE			
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MAIL TO:

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