



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                          |             |                                                                                                       |      |             |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------|------|-------------|--------------|
| 1. Entity ID No.<br>001036335                                                                                                                                            |             | 2. Exact name of the limited liability company<br>Gravitas Enterprises, LLC                           |      |             |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                    |             | 4. Brief description of the character of business conducted in Rhode Island<br>Marine Charter Company |      |             |              |
| 5. Principal office address<br>450 Veterans Memorial Parkway, Suite 7A                                                                                                   |             | City<br>East Providence                                                                               |      | State<br>RI | Zip<br>02914 |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                              |             |                                                                                                       |      |             |              |
| Contact Name<br>Robert F Crimi                                                                                                                                           |             | Contact Title<br>President                                                                            |      |             |              |
| Street Address<br>40 Broad Street Suite 603                                                                                                                              |             | City<br>New York                                                                                      |      | State<br>NY | Zip<br>10004 |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |             |                                                                                                       |      |             |              |
| Manager Name<br>Robert F Crimi                                                                                                                                           |             | Manager Name                                                                                          |      |             |              |
| Street Address<br>40 Broad Street Suite 603                                                                                                                              |             | Street Address                                                                                        |      |             |              |
| City<br>New York                                                                                                                                                         | State<br>NY | Zip<br>10004                                                                                          | City | State       | Zip          |
| Manager Name                                                                                                                                                             |             | Manager Name                                                                                          |      |             |              |
| Street Address                                                                                                                                                           |             | Street Address                                                                                        |      |             |              |
| City                                                                                                                                                                     | State       | Zip                                                                                                   | City | State       | Zip          |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                 |             |                                                                                                       |      |             |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                        |             |                                                                                                       |      |             |              |

FILED

OCT 19 2016

By R 286386

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
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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.

Signature of Authorized Person

Robert F Crimi

Print or Type Name of Authorized Person

Date

10/18/2016