Limited Liability Company	Annual Report for the year:	2016
yy		

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

	,			· · ·			
Entity ID Number	2. Exact name of the Limited Liability Company						
1339011	Reservoir Adventures LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	real estate ownership and management						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
400 Reservoir Avenue, Suite 2H			Providence	RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name H. Jeffrey Baker			Contact Title Manager				
Street Address 400 Reservoir Avenue - Suite 2H			City Providence	State RI	^{Zip} 02907		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name H. Jeffrey Baker			Manager Name Nathaniel B. Baker				
Street Address 400 Reservoir Avenue, Suite 2H			Street Address 86 St. James Court				
City Providence	State RI	^{Zip} 02907	City Palm Beach Gardens	State FL	^{Zip} 33418		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person Date							
Natham 10/9/16							
Signature (First) SIGN DOCUMENT HERE							

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 a

OCT 2 4 2016