FOPE

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 Front some of the Line to Alliet Tree O					
	2. Exact name of the Limited Liability Company					
1616162	ANYWATER, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
71	BOATING					
5. State of Formation	BOATING					
RHODE ISLAND						
			Lou	Ta: .	T	
6. Principal Office Address			City	State	Zip	
8 FREEBODY STREET			NEWPORT	_ RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 8 FREEBODY STREET			city NEWPORT	State RI	Zip 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	ck the box to indi	cate 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		
Signature of Authorized Person				13/1/16		
Signature of Authorized Person						

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**

