**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 4. Brief description of the character of business conducted in Rhode Island 148744 3. NAICS Code MARITIME FAINTING 23 5. State of Formation 6. Principal Office Address State City NEWTORI 02840 625 THAMES STREET 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Street Address State ( 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 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 MAURICE

## MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street. Providence. Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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