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 137961 AGS ENCORE, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 71 **BOATING** 5. State of Formation RHODE ISLAND 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 Contact Title JAMES F. HYMAN REGISTERED AGENT Street Address City State **8 FREEBODY STREET NEWPORT** 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 State City Zip Manager Name Manager Name Street Address Street Address City State Zip 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-10-18-16 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 NOV 09 2016 NOV 09 2016