

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

| ANNUAL | REPORT YEAR: | 2016 |
|--------|---------------------|------|
|--------|---------------------|------|

- 1. **ID No.** 001001514
- 2. Exact Name of the Limited Liability Company Cloud 10 Racing LLC
- 3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

<u>71</u>

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ENGAGE IN GENERAL MARITIME ACTIVITY, INCLUDING WITHOUT LIMITATION,

ACQUIRE, OWN, MANAGE, LEASE, CHARTER, AND/OR SELL ONE OR MORE VESSELS AND TO

ENGAGE IN ALL ACTIVITIES INCIDENTAL, INCLUDING WITHOUT LIMITATION,
CONSULTING
SERVICES

SERVICES.

5. Principal Office Address

No. and Street: 320 THAMES STREET, #247

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 320 THAMES ST., #247

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | ANTHONY A REY | 320 THAMES STREET #247 NEWPORT, RI 02840 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER BRENT REGAN, ESQ. SAYER REGAN & THAYER, LLP 130 BELLEVUE AVENUE NEWPORT , RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of November, 2016 at 11:34:48 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ANTHONY A. REY

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved