



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

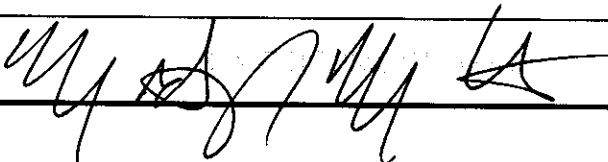
Annual Report for the year: 2016

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 <b>95929</b>		2. Exact name of the Limited Liability Company <b>JAMESTOWN DISTRIBUTORS, LLC</b>			
3. NAICS Code 44-45 - Retail Trade		4. Brief description of the character of business conducted in Rhode Island <b>SALE AND MARKETING OF MARINE SUPPLIES, HARDWARE, AND OTHER ITEMS</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>17 PECKHAM DRIVE</b>		City <b>BRISTOL</b>		State <b>RI</b>	Zip <b>02809</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MICHAEL J. MILLS</b>			Contact Title <b>MEMBER</b>		
Street Address <b>17 PECKHAM DRIVE</b>			City <b>BRISTOL</b>		State <b>RI</b>
			Zip <b>02809</b>		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>JOHN S. MILLS</b>			Manager Name		
Street Address <b>17 PECKHAM DRIVE</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>MICHAEL J. MILLS</b>				Date <b>9/30/16</b>	
Signature of Authorized Person 					

FILED

MAIL TO:

Division of Business Services

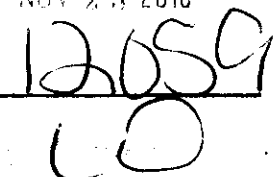
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By



FORM 632 - Revised: 08/2016