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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.

Entity ID Number	2. Exact name of the Limited Liability Company							
544384	KD Yacht, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
81 - Other Services (except Pub	PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS							
5. State of Formation								
RHODE ISLAND								
6. Principal Office Address			City	State	Zip			
38 BELLEVUE AVENUE, SUITE H			NEWPORT	RI	02840			
7. Mailing Address of Limited Lia		y and Name or Title						
Contact Name R. KEITH ANDERSON, JR.			Contact Title MEMBER					
Street Address 1019 FM 149 ROAD			City MONTGOMERY	State TX	<sup>Zip</sup> 77316			
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			
	·	<u> </u>	·····	Check the box to in	idicate an attachment			
9. Resident Agent in Rhode Islan	d. This informa	tion is currently of rec	ord with the Department of State.	Changes require filin	g Form 642.			
Under penalty of perjury, I deci statements, and that all statem	are and affin ents contain	n that I have exam ed herein are true	nined this report, including a and correct.	any accompanying	g schedules and			
Name of Authorized Person	Date	Date						
R. KEITH ANDERSON, JR.		10-10-16						
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** 

NOV 2 3 2016

FORM 532 Revised, 68/29-1