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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company							
1340581	Candy Store Cup, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
71 Arts, Entertainment, and R	RUNNING OF A SAILING REGATTA							
5. State of Formation								
RHODE ISLAND								
6. Principal Office Address	•		City	State	Zip			
ONE WASHINGTON STREET			NEWPORT	RI	02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name ELI DANA			Contact Title MANAGER OF OWNER					
Street Address ONE WASHINGTON STREET			City NEWPORT	State RI	^{Zip} 02840			
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICA	ABLE - DO NOT LIST MI	EMBERS			
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								
ELI DANA					6/16			
Signature of Authorized Person	6/1)						
/// Jung					-1)			

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 2 3 2016