	State of Rhode Island and
	State of Rhode Island and Department of Stat

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						
506519	Mystical Traveler, 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 Liability Company and Name or Title of Contact Person							
Confact Name LEWIS H. GUTHRIE			Contact Title MEMBER				
Strect Address 4074 BIMINI COURT			City BOULDER	State CO	^{Zip} 80301		
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		
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 Date /							
LEWIS H. GUTHRIE 2 8 10/4/2016							
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

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