Sta			
	ate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30		
Limited Liability Comp Annual Report	bany		
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability com thirty (30) days after the time presc enalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>001061506</u>			
2. Exact Name of the Lim	ited Liability Company <u>J SEA D</u>	DIVERS, L.L.C.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Lising the following NAICS (codes, please select the code that t	vast dascribas vour bus	inoss
	soues, please select the code that t		
NAICS Code		6	<u>48-49</u>
4. Brief Description of the	Character of the Business Which	n is Actually Conducte	ed in Rhode Island
DIVING OPERATIONS			
DIVING OF ERATIONS			
5. Principal Office Address	S		
5. Principal Office Address			
5. Principal Office Address No. and Street: <u>625 T</u>	s <u>"HAMES STREET</u> <u>"PORT</u> State	: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 625 T City or Town: NEW	HAMES STREET		·
5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim	<u>THAMES STREET</u> <u>PORT</u> State	e or Title of Contact P	·
5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim Contact Name: MAURICE No. and Street: 625 T	<u>HAMES STREET</u> <u>PORT</u> State ited Liability Company and Name <u>CUSICK</u> Contact Title: <u>ATTORN</u> HAMES STREET ATTORN	e or Title of Contact P	erson:
5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim Contact Name: MAURICE	<u>HAMES STREET</u> <u>PORT</u> State ited Liability Company and Name <u>CUSICK</u> Contact Title: <u>ATTORN</u> HAMES STREET ATTORN	e or Title of Contact P	·
5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim Contact Name: MAURICE No. and Street: 625 T City or Town: NEWF	<u>HAMES STREET</u> <u>PORT</u> State ited Liability Company and Name <u>CUSICK</u> Contact Title: <u>ATTORN</u> <u>HAMES STREET</u> <u>PORT</u> State Each Manager of the Limited Lial	e or Title of Contact P EY :: <u>RI</u> Zip: <u>02840</u>	erson: Country: <u>USA</u>
5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim Contact Name: MAURICE No. and Street: 625 T City or Town: NEWF 7. Name and Address of E	<u>HAMES STREET</u> <u>PORT</u> State ited Liability Company and Name <u>CUSICK</u> Contact Title: <u>ATTORN</u> <u>HAMES STREET</u> <u>PORT</u> State Each Manager of the Limited Lial	e or Title of Contact P EY :: <u>RI</u> Zip: <u>02840</u> bility Company, if App	erson: Country: <u>USA</u>
 5. Principal Office Address No. and Street: 625 T City or Town: NEW 6. Mailing Address of Lim Contact Name: MAURICE No. and Street: 625 TI City or Town: NEWF 7. Name and Address of E DO NOT LIST MEMBERS 	<u>PORT</u> State <u>ited Liability Company and Name</u> <u>CUSICK</u> Contact Title: <u>ATTORN</u> <u>HAMES STREET</u> <u>PORT</u> <u>PORT</u> State	e or Title of Contact P EY :: <u>RI</u> Zip: <u>02840</u> Dility Company, if App Add	erson: Country: <u>USA</u> blicable.

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

MAURICE CUSICK, ESQ. 625 THAMES STREET 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 30 Day of November, 2016 at 7:33:23 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 MAURICE CUSICK

Signature of Authorized Person

Form No. 632 Revised 09/07

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