



- 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 <i>00000001</i>		2. Exact name of the Limited Liability Company <i>Old Harbor Tree Cave</i>					
3. State of Formation <i>R1</i>		4. Brief description of the character of business conducted in Rhode Island <i>Tree Cave</i>					
5. Principal Office Address <i>11 Morgan Street</i>				City <i>Newport</i>		State <i>R1</i>	Zip <i>02840</i>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <i>Tim Lucksinger</i>				Contact Title <i>owner</i>			
Street Address <i>11 Morgan Street</i>				City <i>Newport</i>		State <i>R1</i>	Zip <i>02840</i>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name <i>n o w e l</i>				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 <input type="checkbox"/>							
8. Resident Agent in Rhode Island. This information is currently of record in 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 <i>Timothy Lucksinger</i>						Date <i>April 26, 2017</i>	
Signature of Authorized Person <i>[Signature]</i>						<i>SIGN DOCUMENT HERE</i>	

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

MAY 15 2017

**BY** \_\_\_\_\_  
FORM 632 - Revised: 05/2016