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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2011 Limited Liability Company

→ Filing period: September → Filing Fee: \$50.00	1 - NOVCINDEL 1			
→ Penalty: Additional \$25.00	fee if form is not filed by	December 1.		
Entity ID Number	2. Exact name of the Lim	ited Liability Company	!	
541451	Northsta	r Yacht Sales L.L	_, C,	
3. NAICS Code	l .	character of business conducted in Rhode Island		
44-45	New and	e user boat Sala	دے	
5. State of Formation	and se	er vi ces		
6. Principal Office Address	Roal	City Portsmouth RI	zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Jean Pierre Shov-		Contact Title Manager	Contact Title Manager	
Street Address		city Portsmonth State	Zip 02871	
	d addresses) of the Limiter	d Liability Company, IF APPLICABLE - DO NOT LI	ST MEMBERS	
Manager Name Jean Pierre Skar		Manager Name William	Manager Name William Regan	
Street Address 130 Granze Park		Street Address	Street Address 134 C coles Pont Road	
	1020		, · · · · · · · · · · · · · · · · · · ·	
City Bri Eyewh	State Zip 02:	City State	Zip 02641	
City Bri, Eye wehr	State / Zip	City State	Zip	
Dr. Exercer	State / Zip	324 City Cast Dennis State MA	Zip	
Manager Name	State / Zip	324 City Cost Pennis State MA Manager Name	Zip	
Manager Name Street Address City	State Zip State Zip	City State Manager Name Street Address City State Check the box	Zip Zip to indicate an attachment	
Manager Name Street Address City 9. Resident Agent in Rhode Island	State Zip State Zip d. This information is currently	City State Manager Name Street Address City State Check the box y of record with the Department of State. Changes require	Zip Zip Zip to indicate an attachment e filing Form 642.	
Manager Name Street Address City 9. Resident Agent in Rhode Island	State Zip State Zip d. This information is currently are and affirm that I have	City State Manager Name Street Address City State Check the box y of record with the Department of State. Changes require examined this report, including any accompany	Zip Zip Zip to indicate an attachment e filing Form 642.	
Manager Name Street Address City 9. Resident Agent in Rhode Island Under penalty of perjury, I declarate	State Zip State Zip d. This information is currently are and affirm that I have ents contained herein are	City State Manager Name Street Address City State Check the box y of record with the Department of State. Changes require examined this report, including any accompany	Zip Zip Zip to indicate an attachment affing Form 642.	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 02/2017