| s s | tate of Rhode Island an Office of the Se | | | S Fee: \$50.00 |
|---|---|---------------------------------|-----------------------|------------------------|
| | Division Of Bu 148 W. R | isiness Services iver Street | 5 | |
| | Providence R | I 02904-2615 | | |
| HOPE | (401) 22 | 22-3040 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR: 2017 | | | | |
| 1. ID No. <u>000148095</u> | | | | |
| 2. Exact Name of the Limited Liability Company <u>STAMFORD BRIDGE, LLC</u> | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>531190</u> | | | | |
| 4. Brief Description of th | e Character of the Business | Which is Actu | ally Conducted | in Rhode Island |
| TO OWN AND LEASE FLOATING DOCK MOORING SYSTEMS | | | | |
| 5. Principal Office Addre | SS | | | |
| No. and Street: <u>1 OC</u> | EAN HEIGHTS ROAD | | | |
| | PORT | State: <u>RI</u> | Zip: <u>02840</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: <u>J WILLIAM CRISP</u> Contact Title: <u>MEMBER</u> | | | | |
| | EAN HEIGHTS ROAD | Otata Di | | |
| City or Town: <u>NEWF</u> | | State: <u>RI</u> | Zip: <u>02840</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name | | Addre | ess |
| | First, Middle, Last, Suffix | Addres | ss, City or Town, Sta | ate, Zip Code, Country |
| | | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS B. ORR, ESQ. 55 MEMORIAL BOULEVARD <u>NEWPORT</u>, <u>RI</u> 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of September, 2017 at 9:13:16 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 J WILLIAM CRISP

Signature of Authorized Person

Form No. 632 Revised 09/07

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