

Annual Report for the year: 2017
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.

A Bnef description of the character of business conducted in Rhode Island    Sage	1. Entity ID Number	2. Exact name of the Limited Liability Company					
3. NAICS Code  Saturd State of Formation  R I Investment, Hedge Fund Management  6. Principal Office Address  City  State  Control Name  Contact Name  R I Das 8 2  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  R I Das 8 2  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  R I Das 8 2  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  City  State  City  State  City  State  Zip  City  State  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  Michael G. Riley  Signature of Authorized Person	146130	Coastal Management Group LLC					
Resident Agent in Rhode Island This information is currently of record with the Department of State   Zip    Invest went Management    City   State   Zip    City   Nating Address of Limited Liability Company and Name or Title of Contact Person    Contact Title   Compliance Officer    Street Address   City   State   Zip    Street Address   State   Zip    Street Address   State   Zip    City   State   Zip    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    Michael G. Riley    Signature of Authorized Person   Date    9. Resident Authorized Person   Date    9	3. NAICS Code						
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34A Pier Market Place  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Breft Kelly-Riley  Compliance Officer  Street Address  Street Address  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Manager Name  Street Address  City  State  Zip  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  Michael G. Riley  Signature of Authorized Person	S. State of Formation						
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	Michael G. Riley 9/15/17						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

