



State of Rhode Island
and Providence Plantations
Department of State - Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000973750		2. Exact name of the limited liability company Winter Shrinkage, LLC			3. NAICS Code 561910	
4. Brief description of the character of the business which is actually conducted in Rhode Island Boat and structure shrink wrapping					5. State of Formation Rhode Island	
6. Principal office address 33 Sarah Lane			City Warwick	State RI	Zip 02889	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Matthew E. Flashner			Contact Title Member			
Street Address 33 Sarah Lane			City Warwick	State RI	Zip 02889	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name			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	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.						

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

FILED

File Date SEP 27 2017

Check No. BY 118

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 09/20/2017
Signature of Authorized Person Date

Matthew E. Flashner, Member

Print or Type Name of Authorized Person