



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

STAMP

STATE OF RHODE ISLAND
DEPARTMENT OF STATE

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.

| | | | | | |
|---|--------------------|--|------|------------------------|---------------------|
| 1. Entity ID Number 442013 | | 2. Exact name of the Limited Liability Company Herreshoff Yacht Fittings, LLC | | | |
| 3. NAICS Code 336611 | | 4. Brief description of the character of business conducted in Rhode Island Manufacturing yacht fittings, pulley blocks, and marine fittings | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 18 Burnside Street, P.O. Box 717 | | City Bristol | | State RI | Zip 02809 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Adam F. Langerman | | Contact Title Manager | | | |
| Street Address 18 Burnside Street, P.O. Box 717 | | City Bristol | | State RI | Zip 02809 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Adam F. Langerman | | Manager Name | | | |
| Street Address 18 Burnside Street, P.O. Box 717 | | Street Address | | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Manager Name Halsey C. Herreshoff | | Manager Name | | | |
| Street Address 18 Burnside Street, P.O. Box 717 | | Street Address | | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Halsey C. Herreshoff | | | | Date 9/20/17 | |
| Signature of Authorized Person <i>Halsey C. Herreshoff</i> | | | | SIGN DOCUMENT HERE | |

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

FILED
OCT 02 2017
BY **19398**