Otata at Dhada Jalaw daw d Dravidawaa Dhartatiawa	
State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street	
Providence RI 02904-2615	
(401) 222-3040	
(401) 222-3040	
Limited Liability Company	
Annual Report	
Filing Period: September 1 - November 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	
<b>1. ID No.</b> <u>001036335</u>	
2. Exact Name of the Limited Liability Company <u>GRAVITAS ENTERPRISES, LLC</u>	
2. State of Formation	
3. State of Formation	
State: <u>RI</u>	
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.	
492010	
483212	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
MARINE CHARTER COMPANY	
5. Principal Office Address	
No. and Otreast 450 VETED ANS MEMODIAL DADIWAY	
I NO AND STREET 400 VELEKANS MEMUKIAL PAKKWAT.	
No. and Street: <u>450 VETERANS MEMORIAL PARKWAY,</u> SUITE 7A	
No. and Street: 450 VETERANS MEMORIAL PARK WAY, SUITE 7ASUITE 7ASUITE 7ACity or Town:EAST PROVIDENCEState:RIZip:02914	4Country: <u>USA</u>
SUITE 7A	
SUITE 7A   City or Town: SUITE 7A   EAST PROVIDENCE State: RI Zip: 02914   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
SUITE 7A   City or Town: SUITE 7A   EAST PROVIDENCE State: RI Zip: 02914   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: ROBERT CRIMI Contact Title:	
SUITE 7A   City or Town: SUITE 7A   EAST PROVIDENCE State: RI Zip: 02914   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: ROBERT CRIMI Contact Title:	
SUITE 7A EAST PROVIDENCE State: RI Zip: 02914   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: ROBERT CRIMI Contact Title:   No. and Street: 40 BROAD STREET, SUITE 603	ountry: <u>USA</u>
SUITE 7A Suite 7A   City or Town: EAST PROVIDENCE State: RI zip: 02914   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: ROBERT CRIMI Contact Title:   No. and Street: 40 BROAD STREET, SUITE 603   City or Town: NEW YORK State: NY Zip: 10004 Company and Company, if Applicable	ountry: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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 October, 2017 at 12:53:03 PM 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 <u>ROBERT CRIMI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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