



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**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<br><b>132123</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>OCEAN REEF INVESTMENTS LLC</b>                                                           |                    |
| 3. NAICS Code<br>- ics (except Pul                                                                                                                                                                          |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>ACQUIRING, OWNING, DEVELOPING AND LEASING REAL PROPERTY</b> |                    |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |                    | <b>53110</b>                                                                                                                                  |                    |
| 6. Principal Office Address<br><b>1001 N. US HIGHWAY 1, SUITE 702</b>                                                                                                                                       |                    | City<br><b>JUPITER</b>                                                                                                                        | State<br><b>FL</b> |
|                                                                                                                                                                                                             |                    | Zip<br><b>33477</b>                                                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                               |                    |
| Contact Name<br><b>DOUGLAS G. MANCOSH</b>                                                                                                                                                                   |                    | Contact Title<br><b>MANAGER</b>                                                                                                               |                    |
| Street Address<br><b>1001 N US HIGHWAY 1, SUITE 702</b>                                                                                                                                                     |                    | City<br><b>JUPITER</b>                                                                                                                        | State<br><b>FL</b> |
|                                                                                                                                                                                                             |                    | Zip<br><b>33477</b>                                                                                                                           |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                               |                    |
| Manager Name<br><b>DOUGLAS G. MANCOSH</b>                                                                                                                                                                   |                    | Manager Name                                                                                                                                  |                    |
| Street Address<br><b>1001 N US HIGHWAY 1, SUITE 702</b>                                                                                                                                                     |                    | Street Address                                                                                                                                |                    |
| City<br><b>JUPITER</b>                                                                                                                                                                                      | State<br><b>RI</b> | Zip<br><b>33477</b>                                                                                                                           |                    |
| Manager Name                                                                                                                                                                                                |                    | Manager Name                                                                                                                                  |                    |
| Street Address                                                                                                                                                                                              |                    | Street Address                                                                                                                                |                    |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                                           |                    |
| Manager Name                                                                                                                                                                                                |                    | Manager Name                                                                                                                                  |                    |
| Street Address                                                                                                                                                                                              |                    | Street Address                                                                                                                                |                    |
| 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.                                                                    |                    |                                                                                                                                               |                    |
| <b>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.</b> |                    |                                                                                                                                               |                    |
| Name of Authorized Person<br><b>DOUGLAS G. MANCOSH</b>                                                                                                                                                      |                    | Date<br><b>10/2/2017</b>                                                                                                                      |                    |
| Signature of Authorized Person<br>                                                                                                                                                                          |                    | SIGN DOCUMENT HERE                                                                                                                            |                    |

## MAIL TO:

Division of Business Services

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FORM 632 - Revised: 08/2016