RI SOS Filing Number: 201751826770 Date: 10/18/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

577. 2

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 90797	2. Exact name of the Limited Liability Company Atlantic Island Holdings, Limited Liability Company					
3. NAICS Code 531300	Brief description of the character of business conducted in Rhode Island Real Estate Holding Company					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
50 Parsnip Pond Road			Lake Grove	NY	11755	
7. Mailing Address of Limited Lia		and Name or Tit	le of Contact Person			
Contact Name Albert Brayson			Contact Title			
Street Address 50 Parsnip Pond Road			City Lake Grove	State NY	^{Zip} 11755	
8. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICAB	LE - DO NOT LIST N	MEMBERS	
Manager Name Albert Brayson			Manager Name			
Street Address 50 Parsnip Pond Road			Street Address			
City Lake Grove	State NY	^{Zip} 11755	City	State	Zip	
Manager Name	•		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Isla	nd. This informat	tion is currently of re	cord with the Department of Stat	e. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all stater				g any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Albert Brayson				9/25/17	9/25/17	
Signature of Authorized Person	pu-e	SIGN DO	OCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov **FILED**

FORM 632 - Revised: 08/2017