

Annual Report for the year: 2017 **Limited Liability Company** 

STAMP

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

A PER AND LESS ALL LICELY	T	5.11 1.50 Per A 1.5				
1. Entity ID Number		2. Exact name of the Limited Liability Company				
787802	KIWI MAGIC,	KIWI MAGIC, LLC				
3. NAICS Code 3 2990	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pi	PURCHASE A	PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS				
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address	6. Principal Office Address			State	Zip	
38 Bellevue Avenue, Suite H			Newport	RI	02840	
7. Mailing Address of Limited Lial		and Name or Title				
Contact Name Francis H. Curren, III			Contact Title Member	Contact Title Member		
Street Address c/o Pease & Curren, 75 Pennsylvania Avenue			City Warwick	State RI	<sup>Zip</sup> 02888	
8. List ALL managers (names an	ıd addresses) of	i the Limited Liab	ility Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
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	Zîp	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	id. This informatio	n is currently of rec	cord with the Department of S	state. Changes require filing	J Form 642.	
Under penalty of perjury, I deci statements, and that all statem				ing any accompanying	schedules and	
Name of Authorized Person Date						
FRANCIS H. CURREN, III				19/	(1/1/	
Signature of Authorized Person		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.ri.gov