



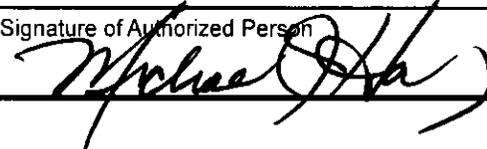
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

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>1664188</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Matawai 655, LLC</b>   |                             |                         |                     |
| 3. NAICS Code <b>811490</b><br><b>81 - Other Services (except P</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>OWNERSHIP AND OPERATION OF BOATS OF ALL KINDS</b> |                             |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                             |                         |                     |
| 6. Principal Office Address<br><b>38 BELLEVUE AVENUE, SUITE H</b>   |       |   | City<br><b>NEWPORT</b>      | State<br><b>RI</b>      | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                         |                     |
| Contact Name <b>MICHAEL J. HAHN</b>   |       |   | Contact Title <b>MEMBER</b> |                         |                     |
| Street Address <b>460 CARPENTERS POINT</b>  |       |   | City <b>WAYZATA</b>         | State <b>MN</b>         | Zip <b>55391</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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                   | 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.   |       |   |                             |                         |                     |
| <i>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.</i> |       |   |                             |                         |                     |
| Name of Authorized Person<br><b>MICHAEL J. HAHN</b>   |       |   |                             | Date<br><b>10/10/17</b> |                     |
| Signature of Authorized Person<br>   |       |   | 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

NOV 02 2017

12145 DS