



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

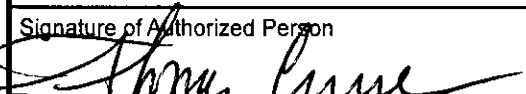
Annual Report for the year: 2017

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 144072		2. Exact name of the Limited Liability Company NEW WAVE, LLC			
3. NAICS Code 812990 81 - Other Services (except Pr		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 38 Bellevue Avenue, Suite H		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tom Curren Painting, Inc./Thomas Curren			Contact Title Manager		
Street Address 82 Winter Street		City Lincoln		State MA	Zip 01773
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Thomas Curren			Manager Name		
Street Address 82 Winter Street			Street Address		
City Lincoln	State MA	Zip 01773	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.					
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.					
Name of Authorized Person THOMAS CURREN				Date OCT 3 2017	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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