RI SOS Filing Number: 201752925120 Date: 11/2/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|-------------------------|---------------------------------------|-----------------------------|----------------------|--|--|
| 543348 | OCEAN ACOUSTIC RESEARCH, LLC | | | | | | |
| 3. NAICS Code 8 3440 | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 81 - Other Services (except Pi | PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL TYPES | | | | | | |
| 5. State of Formation | | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 38 BELLEVUE AVENUE, SUITE H | | | NEWPORT | RI | 02840 | | |
| 7. Mailing Address of Limited Lia | | and Name or Title | | | | | |
| Contact Name WILLIAM W. DURGIN | | | Contact Title MEMBER | | | | |
| Street Address PO BOX 3282 | | City WAQUOIT | State MA | ^{Zip} 02536 | | | |
| 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 in | dicate an attachment | | |
| 9. Resident Agent in Rhode Islan | nd. This informati | on is currently of reco | ord with the Department of St | ate. Changes require filing | Form 642. | | |
| Under penaity of perjury, I dec statements, and that all staten | | | | ng any accompanying | schedules and | | |
| Name of Authorized Person | | | | | | | |
| WILLIAM W. DURGIN William vo Dung wo October 10, 2017 | | | | | | | |
| Signature of Authorized Person | | | | | | | |
| 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

