STAMP

Annual Report for the year:	2017
Limited Liability Company	

FOR SECRETARY OF STATE USE ONLY

→ 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						
159453	QUEEN SHEBA, LLC						
3. NAICS Code \$ 2990	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pi	OWNERSHIP AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS						
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 Liability Company and Name or Title of Contact Person							
Contact Name EDWARD KHALILY			Contact Title MEMBER				
Street Address 9703 COLLINS AVENUE, UNIT 1200C		200C	City BAL HARBOUR	State FL	^{Zip} 33154		
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	Zíp		
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 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 Date							
EDWARD KHALILY \0/23/2017							
Signature of Authorized Person							
SIGN DOCUMENT HERE							
0000							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-26

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 2 2017

NOV 02 2017

180