RI SOS Filing Number: 201752929650 Date: 11/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

| Department of S | tate - Bu | ısiness Serv | /ices Division | | | |
|--|---|--------------------------------|--|--------------------|---------------------------------------|--|
| Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | any r 1 - Novem | nber 1 | December 1. | | STAMP FOR SECRETARY OF STATE USE ONLY | |
| 1. Entity ID Number 718242 | 2. Exact na | name of the Limite DES, LLC | | | | |
| 3. NAICS Code S12440 81 - Other Services (except Pi 5. State of Formation RHODE ISLAND | Brief description of the character of business conducted in Rhode Island PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS | | | | | |
| 6. Principal Office Address 38 BELLEVUE AVENUE, SUITE H | | | City NEWPORT | State RI | Zip 02840 | |
| 7. Mailing Address of Limited Lial Contact Name JOHN ANTHONY (| oility Compa | any and Name or | Contact Title MEMBER | | | |
| Street Address 38 BELLEVUE AVENUE, SUITE H | | | City NEWPORT | State RI | ^{Zip} 02840 | |
| 8. List ALL managers (names an | d addresse | s) of the Limited | Liability Company, IF APPLICAF | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Resident Agent in Rhode Islan | id. This inform | nation is currently o | of record with the Department of State | Check the box to i | indicate an attachment | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

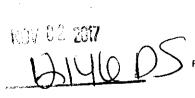
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Name of Authorized Person JOHN ANTHONY GARDNER Signature of Authorized Person

NOV 02 2017

statements, and that all statements contained herein are true and correct.



FORM 632 - Revised: 02/2017