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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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				
268231	SE CAYO, LLC				
3. NAICS Code SIJGGU	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pt	PURCHASE 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 CHRISTOPHER GORAYEB			Contact Title MEMBER		
Street Address 100 WILLIAM STREET, SUITE 1205			City NEW YORK	State NY	^{Zip} 10038
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	Zìp
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 / /					
CHRISTOPHER GORAYEB 10/8/17					
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

FORM 632 - Revised: 62/2017