



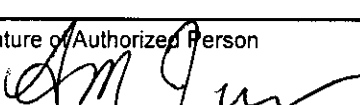
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 124311		2. Exact name of the Limited Liability Company SHANOMET COMPANY, LLC			
3. NAICS Code <u>812990</u> 81 - Other Services (except Public Administration)		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF SAILING 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 ANTHONY M. IACONO			Contact Title MEMBER		
Street Address 218 MANSION HOUSE DRIVE			City WEST CHESTER	State PA	Zip 19382
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 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 ANTHONY M. IACONO				Date 10-7-17	
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

FILED
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