



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 93288		2. Exact name of the Limited Liability Company AMERICAN SHIPYARD CO., LLC			
3. NAICS Code 711219		4. Brief description of the character of business conducted in Rhode Island OPERATE AND DEVELOP THE BUSINESS OF A SHIPYARD, MARINA, AND OTHER COMMERCIAL ACTIVITIES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address ONE WASHINGTON STREET			City NEWPORT	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHARLES DANA			Contact Title MANAGER		
Street Address ONE WASHINGTON STREET			City NEWPORT	State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name CHARLES DANA			Manager Name ELI DANA		
Street Address ONE WASHINGTON STREET			Street Address ONE WASHINGTON STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 CHARLES DANA 				Date 10/27/17	
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

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