



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**STAMP**FOR  
SECRETARY OF STATE  
USE ONLYAnnual 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<br><b>116939</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>BROADSWORD HOLDINGS, LLC</b>                                        |                             |                         |                     |
| 3. NAICS Code<br><b>423910</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>OWN AND MANAGE YACHTS OF ALL KINDS</b> |                             |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                          |                             |                         |                     |
| 6. Principal Office Address<br><b>38 BELLEVUE AVENUE, SUITE H</b>                                                                                                                                           |       |                                                                                                                          | City<br><b>NEWPORT</b>      | State<br><b>RI</b>      | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                          |                             |                         |                     |
| Contact Name <b>JOHN BRIM</b>                                                                                                                                                                               |       |                                                                                                                          | Contact Title <b>MEMBER</b> |                         |                     |
| Street Address <b>234 VIA LAS BRISAS</b>                                                                                                                                                                    |       |                                                                                                                          | City <b>PALM BEACH</b>      | State <b>FL</b>         | Zip <b>33480</b>    |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |       |                                                                                                                          |                             |                         |                     |
| 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.                                                                   |       |                                                                                                                          |                             |                         |                     |
| <b>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.</b> |       |                                                                                                                          |                             |                         |                     |
| Name of Authorized Person<br><b>STEVEN M. MCINNIS</b>                                                                                                                                                       |       |                                                                                                                          |                             | Date<br><b>10/20/17</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                          |                             | 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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