



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

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 RI DEPT OF STATE  
 BUS SVCS DIV  
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1. Entity ID Number <b>000157481</b>		2. Exact name of the Limited Liability Company <b>Relassarsi LLC</b>	
3. NAICS Code <b>99999- 541330</b>		4. Brief description of the character of business conducted in Rhode Island <b>Maritime Trades</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>3852 Main Road</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Kenneth Schoenfelder</b>		Contact Title <b>Manager</b>	
Street Address <b>3852 Main Road</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Kenneth Schoenfelder</b>		Manager Name	
Street Address <b>56 Highland Circle</b>		Street Address	
City <b>Bronxville</b>	State <b>NY</b>	Zip <b>10708</b>	
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 <b>David M. Bohannon, Esq.</b>		Date <b>11/6/17</b>	
Signature of Authorized Person			

## MAIL TO:

Division of Business Services

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

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**FILED**

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