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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FOR SECRETHMENERSATE OFFICIAL

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 784776	2. Exact name of the Limited Liability Company Frontier Camper Park, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
721211	Camp Ground				
5. State of Formation RI					
6. Principal Office Address			City	State	Zip
180A Maxson Hill Road			Ashaway	RI	02804
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Scott Thompson			Contact Title Sole Member		
Street Address 180A Maxson Hill Road			City Ashaway	State RI	^{Zip} 02804
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	7'-	City	State	Zip
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				Date	_
Scott Thompson				11-6	-2017
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 NOV 1 4 2017