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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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2017 NOV 17 AM (0: 04

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	2. Exact na	2. Exact name of the Limited Liability Company				
000736023	ATLANTIC AQUARIUM LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541990	Installation and maintenance of scremental agraniums					
5. State of Formation		A STATE OF STEWNERS AND THE STATE OF STEWNERS AND ASSESSED OF STATE OF STAT				
6. Principal Office Address			City	State	Zip	
40 BASSETT AVE			WARWICK	RI	22885	
7. Mailing Address of Limited Li	ability Compa	iny and Name or	Title of Contact Person	•		
Contact Name  OANIEL HYSLOP			Contact Title	Contact Title		
Street Address 1635 HAAS ST			City MADISON	State	Zip 53324	
8. List ALL managers (names a	ind addresses	s) of the Limited L	iability Company, IF APPLICA	BLE - <b>DO NOT LIS</b> T	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	_1	<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently of	frecord with the Department of Sta	te. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	ng schedules and	
Name of Authorized Person				Date		
DANIEL HYSLOP				11/13/2017		
Signature of Authorized Person						
h			FILE	ט		
NOV 1 7 2017						

**Division of Business Services** 

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

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