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State of Rhode Island and Providence Plantations

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

Annual Report for the year: **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 000791726	2. Exact name of the Limited Liability Company  CALL HIM CLARK, LLC					
3. NAICS Code 713990	Brief description of the character of business conducted in Rhode Island     BOATING					
5. State of Formation RHODE ISLAND						
6. Principal Office Address 8 FREEBODY ST.			City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JAMES F. HYMAN			Contact Title AUTHORIZED AGENT			
Street Address 8 FREEBODY ST.			City NEWPORT	State RI	<sup>Z<sub>1</sub>p</sup> 02840	
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	Ζιρ	City	State	Zıp	
Manager Name		<del></del>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
			1	Check the box to in	dicate 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	Date	
JAMES F. HYMAN				FEBRUA	FEBRUARY 14,2018	
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 FEB 1 4 2018

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FORM 632 - Revised: 10/2017