RI SOS Filing Number: 201858287780 Date: 2/14/2018 2:10:00 PM

(DG)

State of Rhode Island and Providence Plantations

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

## Annual Report for the year: 2015 **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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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 Lia	ability Compa	any and Name or	Title of Contact Person		<u> </u>	
Contact Name JAMES F. HYMAN		Contact Title AUTHORIZED AGENT				
Street Address 8 FREEBODY ST.		City NEWPORT	State RI	<sup>Zip</sup> 02840		
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name				
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
. <u>-</u> .	<u>l.                                    </u>	<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This infor	mation is currently	of record with the Department of St	ate. Changes require fili	ng Form 642.	
	clare and af	firm that I have	examined this report, includin			
Name of Authorized Person			Date	Date		
JAMES F. HYMAN			FEBRUARY 14,2018			
Signature of Authorized Person	man	SIG	N DOGUMENT 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 2:10

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