2007

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ 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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Ta Factoring	<u> </u>			1.332		 ,		
1. Entity ID Numbe	~ ~	2. Exact name of the Limited Liability Company						
7995	07 3	Shearwater, LLC						
3. NAICS Code	4. B	Brief description of the character of business conducted in Rhode Island						
311440) 5	Sailin, syndicate						
5. State of Formation	on	- ,	- 1					
6. Principal Office	Address			City	State	Zip		
# 11 Shore Road				Bristol	RI	02809		
7. Mailing Address	of Limited Liability	Company and N	lame or Title	of Contact Person				
Joseph Whelaw				managens member				
Street Address hove Rd				city Bristol	State	zi02809		
8. List ALL manage	ers (names and add	lresses) of the l	imited Liabi	lity Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS		
Manager Name				Manager Name				
Street Address				Street Address				
City	State	Zip		City	State	Zip		
Manager Name				Manager Name				
Street Address				Street Address				
City	State	Zip		City	State	Zip		
			···			ndicate an attachment		
				ord with the Department of Sta				
Under penalty of statements, and t	perjury, I declare a hat all statements	and affirm that contained her	l have exan ein are true	nined this report, includin and correct.	g any accompanyin	g schedules and		
Name of Authorized Person Date						1 -1		
Jos-ph Whelan					3/2	2/18		
Signature of Autho	rized Person		1					
per	7/4/	NM	<u> </u>	<u>FILED</u>				
				MAR 2 2 2018				
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MAIL TO:

Division of Business Services

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

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