

STAMP

Annual Report for the year: 2018 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	2. Exact name of the Limited Liability Company								
1666588	Frayed Knot Fishertes, LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
114111	Commercial Fishing								
5 State of Formation	Commercial Fishing Rod & Reel								
·KI	K'L								
6 Principal Office Address			City	State	Zip				
10 North High	Iland Te	eccu	Charlestown	RI	02813				
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Hichael Tours	ille		Contact Title Occuper / Operator						
Change Addresse	nd Tec	race	Charlestown	State	Z1802813				
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	Zıp	City	State	Zıp				
Manager Name	·	1							
Street Address	· · _ · _		Street Address						
City	State	Zıp	City	State	Zıp				
	<u> </u>		Ch	_! eck the box to ind	icate 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/	1						
Michael Tourville 8/31/2018									
Signature of Anthorized Person aliGit UDCENDEN WERE									

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 SEP 0 4 2018

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