RI SOS Filing Number: 201877289400 Date: 9/12/2018 12:50:00 PM

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State of Rhode Isl			ces Division	_		
			ous Division		SECON CON	
Annual Report for the year: , 2018 Limited Liability Company → Filing period: September 1 - November 1					RECEIV SECRETARY CORPORATI	
						→ Filing period: Septer → Filing Fee \$50.00
→ Penalty: Additional \$3	25.00 fee if form	is not filed by De	cember 1.	_	25 G1777	
	1			····	<u>12</u> 02	
Entity ID Number		ame of the Limited		50 FM		
1093381	TARFUFI	TARFU FISHERIES, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
441222		ACQUISITION, OWNERSHIP, REPAIRS, SERVICE, AND SALES OF BOATS, AND ANY ACCESSORY USES RELATED THERETO.				
5. State of Formation	ACCESS					
RHODE ISLAND						
6. Principal Office Address		City	State	Zıp		
13 ISLAND AVENUE			PORTSMOUTH	RI	02871	
7. Mailing Address of Limite	ed Liability Comp	any and Name or	Title of Contact Person		•	
Contact Name JEAN J. LECOMTE			Contact Title MEMBER			
Street Address 13 ISLAND AVENUE			City PORTSMOUTH	State RI	^{Z_{ip}} 02871	
	nes and addresse	s) of the Limited L	iability Company. IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name N/A			
Sireel Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
	, I	I	I	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This infor	mation is currently o	f record with the Department of State	e. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			xamined this report, including rue and correct.	any accompanyir	ng schedules and	
Name of Authorized Person				Date	Calle-	
JEAN J. LECOMTE, MEM	BER			1 7//	U18	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12150

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FORM 632 - Revised: 08/2016