

## FILED

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

ightarrow Penalty: Additional \$25.00 fee if form is not filed by December 1.

	OCT	01	2018		
	$\leq$	19	· </th <th></th> <th></th>		
BY.	<u> </u>	<u> </u>	n7	7	-
		F	<del>&lt;</del> t-	+	_

1. Entity ID Number	<u> </u>	2. Exact name of the Limited Liability Company						
000161581	AULI	AOLIS LLC						
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island						
488510	Marine	Marine						
5. State of Formation								
Rhode Island								
6. Principal Office Address			City	State	Zip			
625 Thames Street			Newport	R.I.	02840			
7. Mailing Address of Limited		any and Name o						
Contact Name Maurice Cusick			Contact Title Attorney					
Street Address 625 Thames Street			City Newport	State R.I.	<sup>Zip</sup> 02840			
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - 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			
	***********			Check the box to in	ndicate an attachment			
9. Resident Agent in Rhode Is	sland. This inform	nation is currently	of record with the Department of S	tate. Changes require filin	g Form 642.			
Under penalty of perjury, I destatements, and that all sta	declare and aff tements conta	firm that I have ined herein are	examined this report, includi true and correct.	ng any accompanying	schedules and			
Name of Authorized Person	Date							
Maurice Cusick, Esq.		9/26/2018						
Signature of Authorized Person	on N	MICH (B)	100 WSTUKE					

MAIL TO:

Division of Business Services

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

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