RI SOS Filing Number: 201879612440 Date: 10/17/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

	OCT 17 2018	
BY_	MOOR	
	10	_
	<u> </u>	_

1. Entity ID Number	2. Exact name of the Limited Liability Company							
001097509	Poseidon Expeditions USA, LLC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Travel booking business.							
813410								
5. State of Formation								
RI ·								
6. Principal Office Address			City	State	Zip			
75 Blackstone Boulevard Suite 102			Providence	RI	02906			
7. Mailing Address of Limited Lia		and Name or Title						
Contact Name Stephen Wellmeier			Contact Title Authorized Person					
Street Address 245 Waterman Street Suite 502			City Providence	State RI	^{Zip} 02906			
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	Zip	City	State	Zıp			
Manager Name	•	•	Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zip			
	l		_l	Check the box to i	indicate an attachment			
9. Resident Agent in Rhode Islan	nd. This informati	on is currently of rec	cord with the Department of Sta	ate. Changes require filir	ng Form 642.			
Under penalty of perjury, I dec statements, and that all staten			· ·		-			
Name of Authorized Person Date 16/1/								
Name of Authorized Person Signature of Authorized Person Signature of Authorized Person Date 16/5/18								
Signature of Authorized Person								
Will so								

MAIL TO:

Division of Business Services

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

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