



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

OCT 22 2018

BY

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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.

1. Entity ID Number 001671384		2. Exact name of the Limited Liability Company ScubaTrainors, LLC			
3. NAICS Code 451110		4. Brief description of the character of business conducted in Rhode Island Scuba training & equipment sales			
5. State of Formation RI					
6. Principal Office Address 8 Crestview Drive			City Greenville	State RI	Zip 02828
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Allison Fontaine-Trainor			Contact Title Member		
Street Address 8 Crestview Drive			City Greenville	State RI	Zip 02828
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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Allison Fontaine-Trainor				Date 10/20/18	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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