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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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2018 OCT 3 1. C. AM 10: 46

## 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 921941                                                                                                                | 2 Exact name of the Limited Liability Company SALT POND GROUP, LLC       |                   |                      |                     |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|----------------------|---------------------|----------------------|
| 3. NAICS Code                                                                                                                             | Brief description of the character of business conducted in Rhode Island |                   |                      |                     |                      |
| 423910                                                                                                                                    | BUYING & SELLING OF FIREARMS, AMMUNITION & FIREARM ACCESSORIES           |                   |                      |                     |                      |
| 5. State of Formation                                                                                                                     | 1                                                                        |                   |                      |                     |                      |
| RI                                                                                                                                        |                                                                          |                   |                      |                     |                      |
| 6. Principal Office Address                                                                                                               |                                                                          |                   | City                 | State               | Zip                  |
| 17 EDITH ROAD                                                                                                                             |                                                                          |                   | NARRAGANSETT         | RI                  | 02882                |
| 7. Mailing Address of Limited Lia                                                                                                         |                                                                          | ind Name or Title |                      | •                   | •                    |
| Contact Name BRADLEY WAUGH                                                                                                                |                                                                          |                   | Contact Title MEMBER |                     |                      |
| Street Address 17 EDITH ROAD                                                                                                              |                                                                          |                   | City NARRAGANSETT    | State RI            | <sup>Zip</sup> 02882 |
| 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                                                                                                                              |                                                                          |                   | Manager Name         |                     |                      |
| Street Address                                                                                                                            |                                                                          |                   | Street Address       |                     |                      |
| City                                                                                                                                      | State                                                                    | Zip               | City                 | State               | <i>7</i> ıp          |
|                                                                                                                                           | 1                                                                        |                   | (                    | heck 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 filling Form 642. |                                                                          |                   |                      |                     |                      |
| Under penalty of perjury, I dec<br>statements, and that all staten                                                                        |                                                                          |                   |                      | ny accompanying s   | schedules and        |
| Name of Authorized Person                                                                                                                 |                                                                          |                   |                      |                     |                      |
| BRADLEY WAUGH                                                                                                                             |                                                                          |                   |                      |                     |                      |
| Signature of Authorized Person                                                                                                            | - Wa                                                                     | NOS SIN DO        | CUMENT HERE          |                     | ·                    |
|                                                                                                                                           |                                                                          |                   |                      | FILED               |                      |
| MAIL TO:                                                                                                                                  |                                                                          |                   |                      | OCT 3 1 2018        | 10:44                |

**Division of Business Services** 

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