



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED

OCT 31 2018

STAMP

BY

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001672920		2. Exact name of the Limited Liability Company Sparless, LLC			
3. NAICS Code 332420		4. Brief description of the character of business conducted in Rhode Island PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 38 BELLEVUE AVENUE, SUITE H			City NEWPORT	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHRISTOPHER GORAYAB			Contact Title MEMBER		
Street Address 100 WILLIAM STREET, SUITE 1205			City NEW YORK	State NY	Zip 10038
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 CHRISTOPHER GORAYEB				Date 10/1/18	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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