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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

3. NAICS Code		2. Exact name of the Limited Liability Company Polaris Offshore, LLC				
8129MU		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			City	State	Zip	
38 BELLEVUE AVENUE, SUITE H			NEWPORT	RI	02840	
7. Mailing Address of Limite	ed Liability Compa	any and Name o				
Contact Name WILLIAM MORONG			Contact Title MEMBER			
Street Address 229 COMMERCIAL STREET			City ROCKPORT	State ME	^{Zip} 04856	
B. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICAS	BLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	ı		· · · · · · · · · · · · · · · · · · ·	Check the box to ii	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of Sta	te. Changes require filin	g Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
WILLIAM MORONG				1500+5018		
Signature of Authorized Po	rson .	SIG	N DOCUMENT HERE	•		

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 10/2017