

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018 Limited Liability Company

FOR
SECRETARY OF STA
USE ONLY

- → 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	2. Exact name of the Limited Liability Company				
000144072	NEW WAVE, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
19-11 SI 249U	OWNERSHIP 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 Limited Lia				•	
Contact Name Tom Curren Painting, Inc./Thomas Curren			Contact Title Manager		
Street Address 82 Winter Street			City Lincoln	State MA	^{Zip} 01773
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST M	IEMBERS
Manager Name Thomas Curren			Manager Name		
Street Address 82 Winter Street			Street Address		
City Lincoln	State MA	Zip 01773	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate an attachment					
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				Date	
THOMAS CURREN			9/23/	18	
Signature of Authorized Person SIGN 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

OCT 3 1 2018
BY_____

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