

State of Rhode Island and Providence Plantations
Department of State - Business Services Division**STAMP**FOR
SECRETARY OF STATE
USE ONLYAnnual 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. Entry ID Number 000506519		2. Exact name of the Limited Liability Company MYSTICAL TRAVELER, LLC			
3. NAICS Code 822990		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 LEWIS H. GUTHRIE			Contact Title MEMBER		
Street Address 4074 BIMINI COURT			City BOULDER	State CO	Zip 80301
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 ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person LEWIS H. GUTHRIE				Date 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 31 2018**

BY

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FORM 632 - Revised: 10/2017