



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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|--------------|
| 1. Entity ID Number<br>125982                                                                                                                                                                               |       | 2. Exact name of the Limited Liability Company<br>TED HOOD YACHTS, LLC                                                               |                            |                  |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br><i>Importing of yachts and other marine products.</i> |                            |                  |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                      |                            |                  |              |
| 6. Principal Office Address<br>1 Maritime Drive                                                                                                                                                             |       |                                                                                                                                      | City<br>Portsmouth         | State<br>RI      | Zip<br>02871 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                      |                            |                  |              |
| Contact Name<br>FREDERICK E. HOOD                                                                                                                                                                           |       |                                                                                                                                      | Contact Title<br>President |                  |              |
| Street Address<br>One Maritime Drive                                                                                                                                                                        |       |                                                                                                                                      | City<br>Portsmouth         | State<br>RI      | Zip<br>02871 |
| 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.                                                                   |       |                                                                                                                                      |                            |                  |              |
| <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<br>FREDERICK E. HOOD                                                                                                                                                              |       |                                                                                                                                      |                            | Date<br>11-15-18 |              |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |       |                                                                                                                                      |                            |                  |              |

## MAIL TO:

Division of Business Services

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FILED

JAN 22 2019

BY *[Signature]* 01/22/19

FORM 632 - Revised: 10/2017