| | State of Rhode Island and Providence Plantations Office of the Secretary of State | Fee: \$50.00 |
|---|---|---|
| | Division Of Business Services 148 W. River Street Providence RI 02904-2615 | |
| HOPE | (401) 222-3040 | |
| Limited Liability Annual Report Filing Period: Septer | y Company ember 1 - November 1 | |
| o file its annual repo | R.I.G.L. 7-16-66(d), each limited liability company failing or refusing port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ect to a penalty fee of \$25.00. | |
| ANNUAL REPORT | YEAR: <u>2018</u> | |
| 1. ID No. <u>001</u> 6 | 679560 | |
| 2. Exact Name of | f the Limited Liability Company <u>YACHT GODDESS, LLC</u> | |
| 3. State of Forma | ation | |
| State: <u>RI</u> | | |
| | ARTICLE III | |
| | NAICS Code that best describes the primary business conducted by the entity. ere. More information on <u>NAICS</u> can be found online. | . Download |
| | | |
| <u>999999</u> | | |
| | on of the Character of the Business Which is Actually Conducted in Rhoo | de Island |
| | on of the Character of the Business Which is Actually Conducted in Rhoo | de Island |
| 4. Brief Descriptio | | de Island |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 | | |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 City or Town: <u>N</u> | e Address | |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 City or Town: N 6. Mailing Address Contact Name: E No. and Street: | Address <u>Address <u>BANNISTERS WHARF, 3RD FLOOR</u> <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Cou <u>ss of Limited Liability Company and Name or Title of Contact Person:</u> <u>EARL MCMILLEN III</u> Contact Title: <u>PO BOX 99</u></u> | ıntry: <u>USA</u> |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 City or Town: N 6. Mailing Address Contact Name: E | e Address BANNISTERS WHARF, 3RD FLOOR NEWPORT State: RI Zip: 02840 Cou Ss of Limited Liability Company and Name or Title of Contact Person: EARL MCMILLEN III Contact Title: | ıntry: <u>USA</u> |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 City or Town: No. and Street: Contact Name: E No. and Street: Contact Name: E No. and Street: City or Town: | Address Address <u>BANNISTERS WHARF, 3RD FLOOR</u> <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Courses of Limited Liability Company and Name or Title of Contact Person: <u>EARL MCMILLEN III</u> Contact Title: <u>PO BOX 99</u> <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>U</u> Iress of Each Manager of the Limited Liability Company, if Applicable. | ıntry: <u>USA</u> |
| 4. Brief Descriptio BOATING 5. Principal Office No. and Street: 1 City or Town: N 6. Mailing Address Contact Name: E No. and Street: City or Town: 7. Name and Addr | e Address BANNISTERS WHARF, 3RD FLOOR NEWPORT State: RI Zip: 02840 Courses Ss of Limited Liability Company and Name or Title of Contact Person: EARL MCMILLEN III Contact Title: PO BOX 99 NEWPORT State: RI Zip: 02840 Country: U Interss of Each Manager of the Limited Liability Company, if Applicable. MEMBERS Individual Name Address | ıntry: <u>USA</u> I <u>SA</u> |
| 4. Brief Descriptio <u>BOATING</u> 5. Principal Office No. and Street: 1 City or Town: N 6. Mailing Address Contact Name: E No. and Street: City or Town: 7. Name and Addr DO NOT LIST M | e Address BANNISTERS WHARF, 3RD FLOOR NEWPORT State: RI Zip: 02840 Courses of Limited Liability Company and Name or Title of Contact Person: EARL MCMILLEN III Contact Title: PO BOX 99 NEWPORT State: RI Zip: 02840 Country: U Irress of Each Manager of the Limited Liability Company, if Applicable. | intry: <u>USA</u> I <u>SA</u> de, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EARL MCMILLEN III 38 CATHERINE ST NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of May, 2019 at 11:41:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>EARL MCMILLEN III</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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