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MAY 28 2019

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001674677	Homarus LLC					
5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Boat ownership					
6. Principal Office Address			City	State	Zip	
Hichar and Luca, Inc., 222 South Main Street			Providence	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name David Gerborcauskas			Contact Title Managing Member			
Street Address 222 South Main Street			City Providence	State RJ	Zip 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager North			Manager Name			
Street Address			Street Address			
	·	, —· —	ity t	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Ζip	Crity	State	Zıp	
, ,,		•	•	Check the box to indi	cate 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	Date	
David Garborcauskas -				05/24/2019	05/24/2019	
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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