

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 000869995		of the Limited Lia	· · · · · · · · · · · · · · · · · · ·		A SECTION AND A	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541490	THE DESIGN AND ENGINEERING OF COMPOSITE MARINE RIGGING					
5. State of Formation RI						
6. Principal Office Address			City	State	Zıp	
449 THAMES STREET SUITE 200			NEWPORT	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name SAMUEL J.WATSON			Contact Title CEO			
Street Address 449 THAMES STREET SUITE 200			City NEWPORT	State RI	^{Zip} 02840	
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	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
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	Date	
SAMUEL J.WATSON				21/06/19		
Signature of Authorized Person SIGN NO SIGN PERF						

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**

JUN 27 2019

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FORM 632 - Revised: 10/2017