



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2018  
 Limited Liability Company

FILED

JUL 08 2019

BY JOE DS

- 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<br><b>000785344</b>   |       | 2. Exact name of the Limited Liability Company<br><b>NEWPORT BOAT SERVICES LLC</b>   |                               |                         |                     |
| 3. NAICS Code<br><b>713430</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>yacht SERVICES / Captain delivery services</b> |                               |                         |                     |
| 5. State of Formation<br><b>R.I</b>   |       |  |                               |                         |                     |
| 6. Principal Office Address<br><b>8 BALDWIN ROAD</b>  |       |  | City<br><b>MIDDLETOWN</b>     | State<br><b>RI</b>      | Zip<br><b>02842</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                         |                     |
| Contact Name<br><b>Christopher Ringdahl</b>   |       |  | Contact Title<br><b>owner</b> |                         |                     |
| Street Address<br><b>8 BALDWIN ROAD</b>   |       |  | City<br><b>Middletown</b>     | State<br><b>RI</b>      | Zip<br><b>02842</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                               |                         |                     |
| Manager Name<br><b>Same as above</b>  |       |  | 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.   |       |  |                               |                         |                     |
| <b>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.</b> |       |  |                               |                         |                     |
| Name of Authorized Person<br><b>Chris Ringdahl</b>  |       |  |                               | Date<br><b>07/05/19</b> |                     |
| Signature of Authorized Person<br>  |       |  |                               | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**  
 Division of Business Services  
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