RI SOS Filing Number: 201921948190 Date: 9/30/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 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.

| FILED | D/MF | |
|--------------|--------------------|--|
| SEP 3 0 2019 | e day e la company | |
| 10/6 | | |

| A S A LIST A | | | | | - | |
|--|---|----------------------|-------------------------|-----------------------|------------------------|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 001671832 | Aquidneck Island Enterprises, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 48899 va | | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | ' | |
| 6 Principal Office Address | | | City | State | Zip | |
| 35 Wyndham Hill Road | | Middletown | RI | 02842 | | |
| 7 Mailing Address of Limited Lia | | and Name or Title | of Contact Person | | | |
| Contact Name Joseph H. Olaynack III | | Contact Title | | | | |
| Street Address 43 B Memorial Blvd | | City Newport | State RI | Z _{IP} 02840 | | |
| 8. List ALL managers (names ar | nd addresses) (| of the Limited Liabi | lity Company, IF APPLIC | ABLE - DO NOT LIST I | 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 | Zıp | |
| | | _ _ | <u> </u> | Check the box to it | ndicate 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 | | | | | | |
| Ronald N. Doire 9/22/2019 | | | | | 22/2019 | |
| Signature of Authorized Person Conuc GN BY CONTHERE | | | | | | |

MAIL TO:

Division of Business Services

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

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