RI SOS Filing Number: 201927456310 Date: 11/12/2019 4:00:00 PM



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company				
000105801	East Bay Diving & Marine Service LLC				
3. State of Formation RI (531110)	Snel description of the character of business conducted in Rhode Island The rental and servicing of boats, moorings, and marine equipment including the delivery, instruction, and chartering of boats.				
5. Principal office address 100 Highland Road			City Bristol	State RI	^{Zip} 02809
6. MAILING ADDRESS OF LIMIT	ED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTA	CT PERSON:	
Contact Name Russell G. Lundstrom Jr.			Contact Title Managing Resident Agent		
Street Address 100 Highland Road			City Bristol	State RI	Zip 02809
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		ESSES) OF THE LIMIT	TED LIABILITY COMPAN	YY, IF APPLICABLE - <u>DO I</u>	NOT LIST MEMBERS
Manager Name Russell G. Lundstrom Jr.			Manager Name		
Street Address 100 Highland Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE	ISLAND		1		<u>-</u>
This Information is currently of	record in the (Office of the Secretary	of State. Changes req	ulre filing Form 642.	
<u> </u>		•	<u> </u>	<u>-</u>	

Under penalty of perjury, I declare and attivitient I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

NOV 1 2 2019

Signature of Authorized Person

Print or Type Name of Authorized Person

File Date ______
Check No ______
By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012