RI SOS Filing Number: 201927987580 Date: 11/20/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

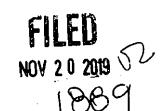
Department of State - Business Services Division

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.



STAMP

FOR SECRETARY OF STATE

1. Entity ID Number 001658060	1	ame of the Limited L	charter yac	CHT SHOW	LLC	
3. NAICS Code 711310	4. Brief des	Brief description of the character of business conducted in Rhode Island OWNERSHIP AND OPERATION OF BOAT SHOWS OF ALL TYPES				
5. State of Formation RHODE ISLAND						
6 Principal Office Address 1 WASHINGTON STREET			City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limiter	d Liability Compa	any and Name or Tit	le of Contact Person		<u> </u>	
Contact Name AMERICAN SHIPYARD CO., ATTN: ELI DANA			Contact Title MEMBER			
Street Address 1 WASHINGTON SREET			City NEWPORT	State RI	Zip 02840	
8. List ALL managers (name	es and addresse	s) of the Limited Liat	bility Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently of re	cord with the Department of Sta	ate Changes require filir	ng Form 642.	
Under penalty of perjury, I statements, and that all st	declare and aff atements conta	irm that I have exa ined herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person ELI DANA				Date ///6/	/19	
Signature of Authorized Peg	tuer	SIGN D	OCUMENT HERE			

MAIL TO:

Division of Business Services

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

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