RI SOS Filing Number: 202033618300 Date: 2/3/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 FEB -3 PM 1: 08

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
001336413	ISLAND WAVES					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	NIA					
5. State of Formation						
RJ.					ı	
6. Principal Office Address				State	Zip	
24 MARY ST. ANT 402 10.562			NEWPORT	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Thomas Lam BERT			Contact Title			
Street Address APT 402 10:562			City New PORT	State	52840	
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	Slate	Zip	City	State	Zip	
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	
Thomas R. LAMBERT				Feb 1	Feb 1,2020	
Thomas R. Lambert Feb 1, 2020 Signature of Authorized Person Thomas R. Lambert						

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

FEB 0 3 2020

FORM 632 - Revised: 10/2017