	State of Rhode Island
	State of Rhode Island Department of S

f State - Business Services Division

STAFIP

Annual Report for the year:	2020
Limited Liability Company	

- \rightarrow 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 1685503		2. Exact name of the Limited Liability Company Shanty Sail, LLC					
3. NAICS Code	4 Brief des	4 Brief description of the character of business conducted in Rhode Island					
336611	to engage i	to engage in the business of owning and chartering a boat and any other business activities					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
134 School Street, #174			Forestdale	RI	02824		
7. Mailing Address of Limited		iny and Name o	r Title of Contact Person				
Contact Name Elizabeth Reilly			Contact Title	Contact Title			
Street Address 68 Dutcher Street			City Hopedale	State MA	Zip 01747		
8. List ALL managers (name	s and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Manager Name	<u> </u>		Manager Name	. <u> </u>	1		
Street Address			Street Address	Street Address			
City	State	Ζιp	City	State	Zip		
	L	1		Check the box to in	ndicate an attachment		
9. The Resident Agent inform	nation currently o	of record with the	e RI Department of State is acc	urate. Changes require	e filing Form 642.		
Under penalty of perjury, I statements, and that all sta			oxamined this report, includi- true and correct.	ng any accompanying	g schedules and		
Name of Authorized Person				Date	/		
Elizabeth Reilly	Λ		Λ	1 10	-6-20		
Signature of Authorized Pers	ark	(Li)		•			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 - Website: www.sos.ri.gov OCT 0 8 2020 VM