Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 United Liability Company Anual Report River Providence RI 02904-2615 (401) 222-3040 Immediate Company Anual Report River Providence RI 02904-2615 (401) 222-3040 Immediate Company Anual Report River Providence RI 02904-2615 (401) 222-3040 Immediate Company Anual Report Immediate Company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 866(b&d)) is subject to a penalty fee of \$25.00. ANUAL REPORT YEAR: 2020 1. ID No. 000565998 2. Exact Name of the Limited Liability Company MOXIE SAILS, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 713990 4. FrierClead Office Address No. and Street: 194 CRESTWOOD ROAD City or Town: WARWICK State: RI zip: 02886 Country: USA 6. Country: USA <td< th=""><th></th><th></th><th></th><th></th></td<>						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 0005655998 2. Exact Name of the Limited Liability Company MOXIE SAILS, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 713990 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP OF SAILING VESSEL MOXIE. 6. Principal Office Address No. and Street: 194 CRESTWOOD ROAD City or Town: YaRWICK State: RI Zip: 02886 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ERC W. BAITTINGER Contact Title: Sole MEMBER Sole MEMBER MARWICK State: RI	148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to life its annual report with mitry (20) days after the time presenbed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000565998 2. Exact Name of the Limited Liability Company MOXIE SAILS, LLC 3. State of Formation State: RI ATTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 713990 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP OF SAILING VESSEL MOXIE. 5. Jet CRESTWOOD ROAD Contact Triller Liability Company and Name or Title of Contact Person: Contact Name: ERC W. BAITTINGER Contact Title: SOLE MEMBER No. and Street: 194 CRESTWOOD ROAD Contact Title: SOLE MEMBER No. and Street: 194 CRESTWOOD ROAD <td co<="" td=""><td></td><td></td><td></td><td>Fee: \$50.00</td></td>	<td></td> <td></td> <td></td> <td>Fee: \$50.00</td>				Fee: \$50.00	
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No. and Street: City or Town:194 CRESTWOOD ROAD WARWICKState: RIZip: 02886Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: 194 CRESTWOOD ROAD 194 CRESTWOOD ROAD City or Town:ERIC W. BAITTINGER Contact Title: 194 CRESTWOOD ROAD MARWICKSOLE MEMBER State: RIZip: 02886Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	No. and Street: 194 CRESTWOOD ROAD WARWICK State: RI Zip: 02886 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ERIC W. BAITTINGER Contact Title: SOLE MEMBER No. and Street: 194 CRESTWOOD ROAD WARWICK State: RI Zip: 02886 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country	OWNERSHIP OF SAIL	ING VESSEL MOXIE.				
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Contact Name: ERIC W. BAITTINGER Contact Title: SOLE MEMBER No. and Street: 194 CRESTWOOD ROAD State: RI Zip: 02886 Country: USA City or Town: WARWICK State: RI Zip: 02886 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	Contact Name: ERIC W. BAITTINGER Contact Title: SOLE MEMBER No. and Street: 194 CRESTWOOD ROAD State: RI Zip: 02886 Country: USA City or Town: WARWICK State: RI Zip: 02886 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			te: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>		
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DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: <u>WAR</u>	<u>WICK</u> Sta	te: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>		
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		-	ility Company, if Appl	icable.		
HIRST, MIDDIE, LAST, SUITIX Address, City or Town, State, Zip Code, Country		Title					
	8 RESIDENT AGENT IN RHODE ISI AND - DO NOT AL TER		First, Middle, Last, Suffix	Address, City or Town, St	ate, ZIP Code, Country		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ERIC W. BAITTINGER 194 CRESTWOOD ROAD WARWICK , RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 9:19:39 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ERIC W. BAITTINGER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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