	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. 000521688			
2. Exact Name of the Limited Liability Company <u>SOLSTICE MARINE, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		the entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
5. Principal Office Addre	SS		
No. and Street:8 FREEBODY STREETCity or Town:NEWPORTState: RIZip:02840Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	^{Title:} <u>O. BOX 549</u> <u>EWPORT</u> State: <u>RI</u>	Zip: <u>02840</u> C	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, Si	
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

JAMES F. HYMAN, ESQ. <u>8 FREEBODY STREET</u> P.O. BOX 549 <u>NEWPORT</u>, <u>RI</u> 02840

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 6:59:48 PM 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 JAMES F. HYMAN Signature of Authorized Person

Form No. 632 Revised 09/07

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