	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
HORE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	2020		
1. ID No. 001696785			
2. Exact Name of the Limited Liability Company <u>AMES SOEURS LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>713990</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducte	ed in Rhode Island
BOATING			
5. Principal Office Addre	SS		
No. and Street: <u>8 FR</u>	REEBODY STREET		
	<u>WPORT</u> State	: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
	<u>O. BOX 549</u>		
City or Town: <u>NE</u>	EWPORT State: <u>RI</u>	Zip: <u>02840</u> 0	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

JAMES F HYMAN <u>8 FREEBODY ST.</u> <u>PO BOX 549</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

Signed this 1 Day of November, 2020 at 7:21:31 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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