RI SOS Filing Number: 202071993830 Date: 10/30/2020 4:00:00 PM

| Annual Report for the year: 2020  |                         |   |  | FILED               |                     |  |
|---|-------------------------|---|--|---------------------|---------------------|--|
| <ul> <li>Limited Liability Co</li> <li>→ Filing period: Septe</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$</li> </ul> | mber 1 - Novemb         |   | cember 1.  | OCT 3               | 0 2020              |  |
| I. Entity ID Number<br>000268231  | 2. Exact na<br>SE CAYO, |   | Liability Company  |                     |                     |  |
| 3. NAICS Code<br>812990<br>5. State of Formation<br>Rhode Island  |                         | Brief description of the character of business conducted in Rhode Island     Purchase and operation of sailing and power vessels of all kinds |  |                     |                     |  |
| 6. Principal Office Address Admiral's Gate Tower, 221 Third St., Suite 510  |                         |   | City<br>Newport  | State<br>RI         | Zıp<br>02840        |  |
| 7. Mailing Address of Limit   |                         | ny and Name or  |  |                     |                     |  |
| Contact Name Christopher Gorayeb  |                         |   | Contact Title Member   |                     |                     |  |
| Street Address 100 William Street, Suite 1205   |                         |   | City New York  | State NY            | Zip 10038           |  |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Manager Name   |                         |   | Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name   |                     |                     |  |
| Street Address  |                         |   | Street Address   |                     |                     |  |
| City  | State                   | Žip   | City   | State               | Zıp                 |  |
| Manager Name  |                         |   | Manager Name   |                     |                     |  |
| Street Address  |                         |   | Street Address   |                     |                     |  |
| City  | State                   | Zip   | City   | State               | Zıp                 |  |
|   |                         |   |  |                     | ndicate an attachme |  |
|   |                         |   | RI Department of State is accompanied this accompanies of this accompanies of the state of the s |                     |                     |  |
| statements, and that all  | statements contai       | ned herein are t  | xamined this report, includii<br>rue and correct.  | ig any accompanying | g screaules and     |  |
| Name of Authorized Person Christopher Gorayeb   |                         |   |  | Date                | la 1 - 2            |  |
| Curisiopher Goraveb   |                         |   | _  | 1 7/                | 28/20               |  |

MAIL TO:

**Division of Business Services** 

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

**Phone:** (401) 222-3040 **Website:** www.sos.ri gov