RI SOS Filing Number: 202071995050 Date: 10/30/2020 4:00:00 PM

| Annual Report for the year: 2020 | | | | FILEDSTANCE | | |
|---|---------------------------|--|---|---------------------|----------------------------------|--|
| Limited Liability Company | | | | | | |
| → Filing period: Sep | tember 1 - Nove | mber 1 | | OCT 3 0 2020 | | |
| → Filing Fee: \$50.0 → Penalty: Additional | U 1 \$25 00 fee if for | n in mat Class | 5 | | | |
| | | n is not thed by | December 1, | BY | 24 | |
| Entity ID Number | 2. Exact | 2. Exact name of the Limited Liability Company SAUDADES, LLC | | | | |
| 000718242 | SAUDA | | | | | |
| 3 NAICS Code | 4. Brief d | Brief description of the character of business conducted in Rhode Island | | | | |
| 812990 | Purchase | Purchase and operation of sailing and power vessels of all kinds | | | | |
| 5. State of Formation | | , | er saming mile power vessels at t | 41 KINGS | | |
| Rhode Island | ļ | | | | | |
| 6. Principal Office Addres | | | City | - I Distance | | |
| Admiral's Gate Tower, 221 Third St., Suite 510 | | Newport | State R1 | Zip | | |
| 7. Mailing Address of Lim | nited Liability Comp | any and Name | or Title of Contact Person | KI | 02840 | |
| Contact Name John Antho | ony Gardner | any and maine | Contact Title Member | Contact Title | | |
| Street Address | | | Member | | | |
| Street Address Admiral's Gate Tower, 221 Third St., Suite 510 | | | 0 City Newport | State RI | Zip 02840 | |
| 3. List ALL menagers (na | ames and addresse | s) of the Limited | Liability Company, IF APPLIC | ABLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Sireet Address | Street Address | | |
| lity | Ta: | | | | | |
| ····) | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Ireet Address | | ···· | | | | |
| | | | Street Address | Street Address | | |
| sty | State | Zip | City | State | Zip | |
| | <u>-</u> | | | | | |
| The Resident Agent info | ormation currently o | of record with the | RI Department of State is acc | | ndicate an attachment | |
| atements, and that all | statements conta | irm that I have i ned herein are | examined this report, including true and correct. | ng any accompanying | stiling Form 642. schedules and | |
| ame of Authorized Perso hn Anthony Gardinda | in 🕜 | | | Dale / | | |
| | / N | | | | - / < | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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