



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BY

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Annual Report for the year: **2020**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001097509		2. Exact name of the Limited Liability Company Poseidon Expeditions USA, LLC			
3. NAICS Code 813410		4. Brief description of the character of business conducted in Rhode Island Travel booking business.			
5. State of Formation RI					
6. Principal Office Address 75 Blackstone Boulevard Suite 102			City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen Wellmeier			Contact Title Authorized Person		
Street Address 245 Waterman Street Suite 502			City Providence	State RI	Zip 02906
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person STEPHEN K WELLMEIER				Date 10/24/20	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov