

State of Rhode Island

**Department of State - Business Services Division**

**FILED**

DEC 02 2020

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<br>962150   |             | 2. Exact name of the Limited Liability Company<br>HMSF LLC  |             |                      |     |
| 3. NAICS Code<br>000962150  |             | 4. Brief description of the character of business conducted in Rhode Island<br>Owner of a private yacht |             |                      |     |
| 5. State of Formation<br>Rhode Island   |             |   |             |                      |     |
| 6. Principal Office Address<br>47 Long Wharf Street   |             | City<br>newport   | State<br>RI | Zip<br>02840         |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |   |             |                      |     |
| Contact Name<br>Harvey Fraser   |             | Contact Title<br>Member   |             |                      |     |
| Street Address<br>1107 Key Plaza, #304  |             | City<br>Key West  | State<br>FL | Zip<br>33040         |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |             |   |             |                      |     |
| Manager Name<br>Christina B. von Seggern  |             | Manager Name  |             |                      |     |
| Street Address<br>1121 Southard Street  |             | Street Address  |             |                      |     |
| City<br>Key West  | State<br>FL | Zip<br>33040  | 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |             |   |             |                      |     |
| <i>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.</i> |             |   |             |                      |     |
| Name of Authorized Person<br>Christina B von Seggern  |             |   |             | Date<br>Nov 23, 2020 |     |
| Signature of Authorized Person<br><i>Christina B von Seggern</i>  |             |   |             |                      |     |

**MAIL TO:**  
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