

State of Rhode Island

Department of State - Business Services Division

FILED

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.

DEC 02 2020
BY 1036
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1. Entity ID Number 962150		2. Exact name of the Limited Liability Company HMSF LLC			
3. NAICS Code 000962150		4. Brief description of the character of business conducted in Rhode Island Owner of a private yacht			
5. State of Formation Rhode Island					
6. Principal Office Address 47 Long Wharf Street		City newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Harvey Fraser			Contact Title Member		
Street Address 1107 Key Plaza, #304		City Key West	State FL	Zip 33040	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Christina B. von Seggern		Manager Name			
Street Address 1121 Southard Street		Street Address			
City Key West	State FL	Zip 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 Christina B von Seggern				Date Nov 23, 2020	
Signature of Authorized Person <i>Christina B von Seggern</i>					

MAIL TO:
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