RI SOS Filing Number: 202078382880 Date: 12/1/2020 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** FILED .-Annual Report for the year: 2020 DEC 0 1 2020 imited Liability Company Filing period: September 1 - November 1 → Filing Fee: \$50.00 enalty: Additional \$25.00 fee if form is not filed by December 1. 2. Exact name of the Limited Liability Company 4. Brief description of the character of business conducted in Rhode Island ۱۱ عاط 3 fishing charter te of Formation 6. Principal Office Address State 02889 SAWOY IANE WAKWICK 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title SPRENGEL DWNER City State LL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address State Zip City State Zip Manager Name Street Address State Zip State Zip Check the box to indicate an attachment 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. Index 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 11-23-2020 Signature of Authorized Persor

Business Services

M. River Street, Providence, Rhode Island 02904-2615

E (401) 222-3040 E 2010 222-3040