



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
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.

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BUS SVCS DIV

2021 MAR -4 P 3:53

1. Entity ID Number <u>0016068189</u>		2. Exact name of the Limited Liability Company <u>Take on the Ocean, LLC</u>			
3. NAICS Code <u>5512</u>		4. Brief description of the character of business conducted in Rhode Island <u>Holding Company, Hospitality</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>One Richmond Square</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02840</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Take Phelan</u>		Contact Title <u>Operations</u>			
Street Address <u>43 Spring Street</u>		City <u>Medfield</u>		State <u>MA</u>	Zip <u>02052</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>[Redacted]</u>		Manager Name			
Street Address <u>[Redacted]</u>		Street Address			
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip <u>[Redacted]</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	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.					
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 <u>Take Phelan</u>				Date <u>3/5/21</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 4 2021

BY [Signature] 09416
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FORM 632 - Revised: 08/2020