State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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	2. Exact name of the Limited Liability Company		
000140748	**MIGRANT, LLC**		
3. NAICS Code 487210	4. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF A MOTOR VESSEL		
5. State of Formation RHODE ISLAND			
6. Principal Office Address 189 Narragansett Blvd	City Portsmouth	State RI	Zip 02871

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Francis Lee Davidson	Contact Title Manager		
Street Address 189 Narragansett Blvd	City Portsmouth	State RI	Zip 02871

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**					
Manager Name Francis Lee Davidson			Manager Name		
Street Address 189 Narragansett Blvd			Street Address		
City Portsmouth	State RI	Zip 02871	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	Date
Francis Lee Davidson	5.7.21
Signature of Authorized Person	

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
MAY 10 2021
BY 2DK4F
A.A. 11:42 A.M.

FORM 632 - Revised: 08/2020