

Department of State - Business Services Division

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BUS SVCS DIV

2021 MAY 10 AH 11: 30 ...

Annual Report for the year: 2015
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 000140748	2. Exact name of the Limited Liability Company MIGRANT, LLC					
3. NAICS Code 487210	Brief description of the character of business conducted in Rhode Island MANAGEMENT OF A MOTOR VESSEL					
5. State of Formation RHODE ISLAND						
Principal Office Address Narragansett Blvd			City Portsmouth	State RI	Zip 02871	
7. Mailing Address of Limited Lia		y and Name or Tit				
Contact Name Francis Lee Davidson			Contact Title Manager			
Street Address 189 Narragansett Blvd			City Portsmouth	State RI	^{Zip} 02871	
8. List ALL managers (names a	nd addresses)	of the Limited Lial	oility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name Francis Lee Davidson			Manager Name			
Street Address 189 Narragansett Blvd			Street Address			
City Portsmouth	State RI	^{Zıp} 02871	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1			Check the box to i	ndicate 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 dec statements, and that all states				g any accompanyin	g schedules and	
Name of Authorized Person				Date	I · -	
Francis Lee Davidson				۲,٦,	۲,٦,٤١	
Signature of Authorized Person Authorized Person						

MAJL 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 1 0 2021

FORM 632 - Revised: 08/2020