RI SOS Filing Number: 202103525110 Date: 10/18/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021	٧.
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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1. Entity ID Number	2. Exact name	e of the Limited Li	iability Company				
ME 81011 .	Hard Hat LLC						
3. NAICS Code	4. Brief descri	iption of the chara	acter of business conducted i	in Rhode Island			
812990	Boats	Boats					
5. State of Formation]						
Rhode Island	İ				ı		
6. Principal Office Address	City			State	Zip		
760 Elmgrove Ave			Providence	RI	02906		
7. Mailing Address of Limited Lia		and Name or Titl		* · · · · · · · · · · · · · · · · · · ·			
Contact Name Darrow Everett LLP			Contact Title Resident Ag	Contact Title Resident Agent			
Street Address One Turks Head	Place 12th FI	loor	City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names ar			oility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS		
Manager Name John L. Marshall III Trust 2014		Manager Name					
Street Address 760 Elmgrove Av	Street Address Street Address						
City Providence	State RI	^{Zip} 02906	City	State	Zip		
Manager Name	ger Name Manager Name						
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				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 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							
LIANNE MARSHALL			10/13/2	2021			
Signature of Authorized Person							
Laine Marshall							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov