RI SOS Filing Number: 202104119390 Date: 10/27/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2021
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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BY	OCT 2	7 2021 40L	<u>\</u> _

Entity ID Number	2. Exact name of the Limited Liability Company					
001709413	Surge Sail Racing Two, LLC					
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812990	Purchase and operation of sailing and power vessels of all kinds					
5. State of Formation						
Rhode Island						
6 Principal Office Address	·		City	State	Zip	
Admiral's Gate Tower, 221 Third St., Suite 510			Newport	RI	02840	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Ryan McKillen		Contact Title Member				
Street Address Admiral's Gate Tower, 221 Third St., Suite 510			City Newport	State RI	<sup>Zıp</sup> 02840	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ily Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS	
Manager Name John Wallace			Manager Name Margaret O'Connor			
Street Address Admiral's Gate Tower, 221 Third St., Suite 510		Street Address Admiral's Gate Tower, 221 Third St., Suite 510				
C ty Newport	State RI	Zip 02840	City Newport	State RI	Z.p 02840	
Manager Name			Manager Name			
Street Address		Street Address				
City	State	Zip	City	State	Zıp	
	· · · · · · · · · · · · · · · · · · ·	······································		Check the box to it	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 staten	lare and affirm tents contained	that I have exam I herein are true :	ined this report, including and correct.	g any accompanying	g schedules and	
Name of Authorized Person				Date		
Ryan McKillen			101-	171		
Signature of Authorized Person						
				- 1.		

MAIL TO:

**Division of Business Services** 

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

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