

Department of State - Business Services Division

ANNUAL REPORT FOR THE YEAR ——LIMITED LIABILITY COMPANY 2021

R.I. DEPT. OF STATE BUS SVC3 DIV

Filing Period: September 1 - November 1 Filing Fee: \$50.00

Website: www.sos.ri.gov

Penalty: Additional \$25.00 fee if form is not filed by December 1

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I Entity ID No. 000118122		2. Exact name of the Limited Liability Company					
3. NAICS Code	•	Hempstead Navigation Service, LLC 4. Brief description of the character of husiness conducted in Rhode Island					
611710		technical services related to Maritime Training					
5 State of Formation							
Rhode Island					State		
6. Principal Office Address PO Box 123			Cuy Exeter	, · · · · · · · · · · · · · · · · · · ·		02822	
7. Mailing Address of L.	imited Liability Co	ompany and Name or	Title of Contact Person				
Robert L. Hempstead							
Street Address							
PO Box 123							
City Exeter	State R1	21p 02822					
		02022					
	1	<u>. </u>					
8. List ALL managers (n	iames and addresse	s) of the Limited Liabi	lity Company. IF APPLICA	ABLE – DO NOT LIST ME	EMBERS		
Manager Name			Manager Name	 			
Street Address			Street Address				
<i>C</i> 20.							
City	State	Zip	City	State	Zip		
Manager Name	I		Manager Name	1			
Street Address		<u> </u>	Street Address				
City				1 6	T ~.		
CIŅ	State	Zip	City	State	ZIP		
- -	J			Check the ho	x to indicate as	n attachment	
9. REGISTERED AGE	NT IN RHODE ISI	LAND					
This information is curren	ntly of record in the	Office of the Secretary	of State. Changes require f	iline of Form 642			
Under nonalty of neginey	I decise and affirm	that I have evenined	this report, including any a	ocompanyina cahadulas on	d statements a	and that all statements	
contained herein are true a	nd correct.	- mar i mave examined	uns report, mendanig any a	ecompanying schedules an	u statements, e	and that an statements	
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Robert L. Hempst	bead						
Name of Authorized P				NOV-6	1 2021		
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MAIL TO: Division of Busines:	e Services			BY		\wedge	
148 W. River Street,		02904-2615			$ \cap$ $/$		
Phone: 401.222.3040					() (لما	