State of Rhode Island Department of State - Business Services Division Annual Report for the year: **Limited Liability Company** NOV 01 2021 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by December 1. 1. Emity ID Number 2. Exact name of the Limited Liability Company 000522511 Batchelder LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island Well drilling, tug services and for all other lawful purposes. 5. State of Formation RI Principal Office Address City State Beacon Hill Road, PO Box 602 **Block Island** RI 02807 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Richard W. Batchelder Contect Title Managing Member Street Address PO Box 602 City Block Island State RI Zp 02807 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Richard W. Batchelder Manager Name Street Address PO Box 602 Street Address City Block Island Zp 02807 State RI City State Zip Manager Name Manager Name Street Address Street Address Cty State Zω Cry State Żφ 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 Elliot Taubman, Esq. Signature of Authorized Person

RI SOS Filing Number: 202104605730 Date: 11/1/2021 4:00:00 PM

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