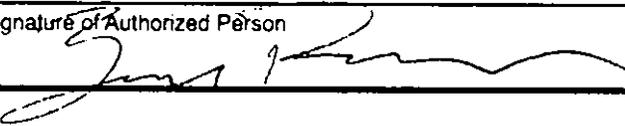


State of Rhode Island  
 Department of State - Business Services Division

**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.

|   |           |  |                                   |                  |            |
|---|-----------|--|-----------------------------------|------------------|------------|
| 1. Entity ID Number<br><b>1705758</b>   |           | 2. Exact name of the Limited Liability Company<br><b>Heritage US 23, LLC</b>                 |                                   |                  |            |
| 3. NAICS Code<br>487210   |           | 4. Brief description of the character of business conducted in Rhode Island<br>Sailboat tour |                                   |                  |            |
| 5. State of Formation<br>RI   |           |  |                                   |                  |            |
| 6. Principal Office Address<br>99 Warner st   |           | City<br>Newport  | State<br>RI                       | Zip<br>02840     |            |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |           |  |                                   |                  |            |
| Contact Name: Clifford Zane Randall   |           |  | Contact Title: General Manager    |                  |            |
| Street Address: 99 Warner st  |           | City: Newport  | State: RI                         | Zip: 02840       |            |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |           |  |                                   |                  |            |
| Manager Name: Clifford Zane Randall   |           |  | Manager Name: Shivani Chaina Sood |                  |            |
| Street Address: 99 Warner st  |           |  | Street Address: 99 Warner st      |                  |            |
| City: Newport   | State: RI | Zip: 02840   | City: Newport                     | State: RI        | Zip: 02840 |
| Manager Name:   |           |  | Manager Name:                     |                  |            |
| Street Address:   |           |  | Street Address:                   |                  |            |
| City:   | State:    | Zip:   | City:                             | State:           | Zip:       |
| Check the box to indicate an attachment <input type="checkbox"/>  |           |  |                                   |                  |            |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |           |  |                                   |                  |            |
| <i>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.</i> |           |  |                                   |                  |            |
| Name of Authorized Person<br>Clifford Zane Randall  |           |  |                                   | Date<br>10/28/21 |            |
| Signature of Authorized Person<br>   |           |  |                                   |                  |            |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

NOV 3 2021

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