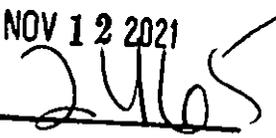




State of Rhode Island  
 Department of State - Business Services Division

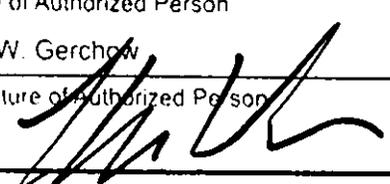
**FILED**

NOV 12 2021

BY 

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>001666874</b>   |       | 2. Exact name of the Limited Liability Company<br><b>S/V CONTIGO, LLC</b>   |                         |                  |     |
| 3. NAICS Code<br>812990   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Purchase and operation of sailing and power vessels of all kinds |                         |                  |     |
| 5. State of Formation<br>Rhode Island   |       |   |                         |                  |     |
| 6. Principal Office Address<br>Admiral's Gate Tower, 221 Third St., Suite 510   |       | 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<br>Karl W Gerchow  |       |   | Contact Title<br>Member |                  |     |
| Street Address<br>411 Walnut Street, #12188   |       | City<br>Green Cove Springs  | State<br>FL             | Zip<br>32043     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                         |                  |     |
| Manager Name  |       | Manager Name  |                         |                  |     |
| Street Address  |       | Street Address  |                         |                  |     |
| City  | State | Zip   | City                    | State            | Zip |
| 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.   |       |   |                         |                  |     |
| <b>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.</b> |       |   |                         |                  |     |
| Name of Authorized Person<br>Karl W. Gerchow  |       |   |                         | Date<br>10.29.21 |     |
| 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