

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. | STAMP |
|--------------|-----------------------|
| NOV 2 3 2021 | ON SECRETARY OF STATE |

| 1. Entity ID Number 000796021 | l | 2. Exact name of the Limited Liability Company Read Sailing, LLC | | | | | |
|--------------------------------------|---------------------|--------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------|--|--|
| 3. NAICS Code | | Brief description of the character of business conducted in Rhode Island | | | | | |
| 812990 | The purcl | The purchase and operation of sailing and power vessels of all kinds | | | | | |
| 5. State of Formation | | | | | | | |
| Rnode island | <u>i</u> | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 1271 Anthony Road | | | Portsmouth | RI | 02871 | | |
| 7. Mailing Address of Limit | | any and Name o | | <u> </u> | | | |
| Contact Name Kenneth W. Read | | | Contact Title Member | | | | |
| Street Address 1271 Anthony Road | | City Portsmouth | State RI | Z _{ip} 02871 | | | |
| 8. List ALL managers (nar | mes and addresse | s) of the Limited | Liability Company, IF APPLICAE | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | Manager Name | | | | | |
| Street Address | | Street Address | | | | | |
| City | State | Zıp | City | State | Zıp | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| | | | | Check the box to | indicate an attachment | | |
| 9. The Resident Agent info | ormation currently | of record with the | e RI Department of State is accu | | | | |
| | , I declare and aff | firm that I have | examined this report, including | | * | | |
| Name of Authorized Perso | on | | · ···· | Date , | i | | |
| Kenneth W. Read | | | | 11/25 | 171 | | |
| Signature of Authorized P | e sa con | | | 10,00 | | | |
| 1 1 | | | | • | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov