State of F	hode Island	Fee: \$50.00
Office of the S	ecretary of State	
	Business Services River Street	
	RI 02904-2615	
	222-3040	
Limited Liability Company		
Annual Report Filing Period: February 1 - May 1		
	liability company failing or	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by		
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>		
1. ID No. <u>001335167</u>		
2. Exact Name of the Limited Liability Company <u>NINIGRET LANDING MARINA, LLC</u>		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>713930</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
MARINA		
5. Principal Office Address		
No. and Street: 60 SPORTSMAN ROAD		
City or Town: <u>CHARLESTOWN</u>	State: <u>RI</u> Zip: <u>02813</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: JAMES ARNOUX Contact Title:		
No. and Street: <u>60 SPORTSMAN ROAD</u>		
City or Town: <u>CHARLESTOWN</u>	State: <u>RI</u> Zip: <u>02813</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
JAMES ARNOUX 60 SPORTSMAN ROAD CHARLESTOWN , RI 02813		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of January, 2024 at 6:30:57 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>JAMES ARNOUX</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved