

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number                | 2. Exact name of the Limited Liability Company   |                                    |                 |                           |
|------------------------------------|--|------------------------------------|-----------------|---------------------------|
| 01695678                           | TALL TAILZ CHARTERS LLC  |                                    |                 |                           |
| 3. NAICS Code<br>713900            | Brief description of the character of business conducted in Rhode Island BOAT CHARTERS   |                                    |                 |                           |
| 5. State of Formation RHODE ISLAND |  |                                    |                 | •••                       |
| 6. Principal Office Address        | City   | ,                                  | State           | Zip                       |
| 27 FOXBORO AVENUE                  |  | RTSMOUTH                           | RI              | 02871                     |
| 7. Mailing Address of Limite       | d Liability Company and Name or Title of Co  | ontact Person                      |                 |                           |
| Contact Name                       |  | Contact Title MANAGER              |                 |                           |
| Street Address 27 FOXBO            | DRO AVENUE   | PORTSMOUTH                         | Stale RI        | <sup>Zip</sup> 02871      |
| 8. The Resident Agent infor        | mation currently of record with the RI Depar   | tment of State is accurate         | Changes require | e filing Form 642.        |
| 9. Under penalty of perjur         | y, I declare and affirm that I have examin<br>atements contained herein are true and   | ed this report, including correct. | any accompany   | ring schedules and        |
| Name of Authorized Person          |  |                                    | Date            |                           |
| WILLIAM J FLYNN CPA                |  |                                    | 02/07/2024      |                           |
| Signature of Authorized Per        | son white the same of the same |                                    |                 | Application of the second |

FILED

FEB 7 2024

12:56

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

X