



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

APR 18 2024  
4291

STAMP

1. Entity ID Number 001715307		2. Exact name of the Limited Liability Company True Tides, LLC	
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island Bar serving food and alcoholic beverages	
5. State of Formation RI			
6. Principal Office Address 122 Touro Street		City Newport	State RI
Zip 02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name J. Russell Jackson		Contact Title Registered Agent	
Street Address 122 Touro Street		City Newport	State RI
Zip 02840			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person Finbarr Murray		Date 4/15/24	
Signature of Authorized Person <i>Finbarr Murray</i>			

**MAIL TO:**  
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