	State of R Office of the S	hode Island ecretary of S	state	Fee: \$50.00
		Business Service	es	
		River Street		
		RI 02904-2615		
1636	(401)	222-3040		
Limited Liabilit Annual Report Filing Period: Feb				
	th R.I.G.L. 7-16-66(d), each limited			
	annual report within thirty (30) day S-66(b&c)) is subject to a penalty fe		prescribed by	
· ·	RT YEAR - ENTER THE CURRENT Y)24	
1. ID No. <u>00</u> 1	1702495			
2. Exact Name	of the Limited Liability Company S	SHM Jamestow	n Boatyard, I	LC
3. State of Form	nation			
State: <u>DE</u>				
	NAICS	CODE		
-	t NAICS Code that best describes t t of codes <u>here.</u> More information o			
-				
Download the lis	t of codes <u>here.</u> More information of the Busine	on <u>NAICS</u> can b	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island	t of codes <u>here.</u> More information of the Character of the Busine	on <u>NAICS</u> can b	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island <u>MARINA OPE</u>	t of codes <u>here.</u> More information of the Character of the Busine RATIONS	on <u>NAICS</u> can b	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island <u>MARINA OPE</u> 5. Principal Offi	t of codes <u>here.</u> More information of the Character of the Busine RATIONS ce Address <u>14785 PRESTON ROAD,</u>	on <u>NAICS</u> can b	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island MARINA OPE 5. Principal Offi No. and Street:	t of codes <u>here.</u> More information of the Character of the Busine RATIONS ce Address <u>14785 PRESTON ROAD,</u> <u>SUITE 975</u>	ess Which is Ad	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island <u>MARINA OPE</u> 5. Principal Offi	t of codes <u>here.</u> More information of the Character of the Busine RATIONS ce Address <u>14785 PRESTON ROAD,</u>	ess Which is Ad	e found onlin	e.
Download the lis <u>713930</u> 4. Brief Descript Island <u>MARINA OPE</u> 5. Principal Offi No. and Street: City or Town:	t of codes <u>here.</u> More information of the Character of the Busine RATIONS ce Address <u>14785 PRESTON ROAD,</u> <u>SUITE 975</u>	State: <u>TX</u>	zip: <u>75254</u>	e. cted in Rhode Country: <u>USA</u>
Download the list 713930 4. Brief Descript Island MARINA OPE 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet Contact Name:	t of codes <u>here.</u> More information of tion of the Character of the Busine <u>RATIONS</u> ce Address <u>14785 PRESTON ROAD,</u> <u>SUITE 975</u> <u>DALLAS</u> ess of Limited Liability Company a	State: <u>TX</u>	zip: <u>75254</u>	e. cted in Rhode Country: <u>USA</u>
Download the list 713930 4. Brief Descript Island MARINA OPE 5. Principal Office No. and Street: City or Town: 6. Mailing Addreed	t of codes <u>here.</u> More information of tion of the Character of the Busine <u>RATIONS</u> ce Address <u>14785 PRESTON ROAD,</u> <u>SUITE 975</u> <u>DALLAS</u> ess of Limited Liability Company a	State: <u>TX</u>	zip: <u>75254</u>	e. cted in Rhode Country: <u>USA</u>
Download the list 713930 4. Brief Descript Island MARINA OPE 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet Contact Name:	t of codes <u>here.</u> More information of the Character of the Busine RATIONS ce Address <u>14785 PRESTON ROAD,</u> <u>SUITE 975</u> <u>DALLAS</u> ess of Limited Liability Company a Contact Title:	State: <u>TX</u>	zip: <u>75254</u>	e. cted in Rhode 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 23 Day of April, 2024 at 2:37:05 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 JOHN RAY

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved