



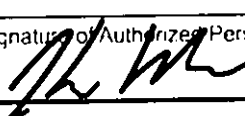
**State of Rhode Island**  
**Department of State - Business Services Division**

**FILED**

**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 23 2024**  
**BY** 1642  
OS

1. Entity ID Number <b>001666874</b>		2. Exact name of the Limited Liability Company <b>S/V CONTIGO, LLC</b>			
3. NAICS Code <b>812990</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase and operation of sailing and power vessels of all kinds</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>Admiral's Gate Tower, 221 Third St., Suite 510</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Karl W. Gerchow</b>		Contact Title <b>Member</b>			
Street Address <b>411 Walnut Street, #12188</b>		City <b>Green Cove Springs</b>	State <b>FL</b>	Zip <b>32043</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <i>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.</i>					
Name of Authorized Person <b>Karl W. Gerchow</b>				Date <b>02/24/24</b>	
Signature of Authorized Person 					

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 227-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)