



State of Rhode Island  
Department of State - Business Services Division

FILED  
APR 23 2024  
BY 1640  
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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.

1. Entity ID Number 001683854		2. Exact name of the Limited Liability Company Ms. Mabel, LLC	
3. NAICS Code 532284		4. Brief description of the character of business conducted in Rhode Island Purchase and operation of sailing and power vessels of all kinds.	
5. State of Formation Rhode Island			
6. Principal Office Address Admiral's Gate Tower, 221 Third St., Suite 510		City Newport	State RI
Zip 02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher M. Coborn		Contact Title Trustee of Member	
Street Address 1921 Coborn Boulevard		City St. Cloud	State MN
Zip 56301			
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 Christopher M. Coborn			Date 3/5/24
Signature of Authorized Person <i>Christopher M. Coborn</i>			

**MAIL TO:**  
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