

State of Rhode Island

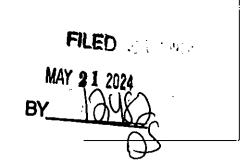
Department of State - Business Services Division

Annual Report for the year: 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.



Entity ID Number	Exact name of the Limited Liability Company			
115108	Lady Brookhaven, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
81- other services	hold marine asset			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
37 Mill St.		Newport	RI	02840
7. Mailing Address of Limited Lia	bility Company and Name or Title	e of Contact Person		
Contact Name Peter M. Cosel		Contact Title Member		
Street Address 37 Mill Street		City Newport	State RI	^{Zip} 02840
8. The Resident Agent information	in currently of record with the RI	Department of State is accur	ate. Changes require	e filing Form 642.
9. Under penalty of perjury, I d statements, and that all staten		•	ng any accompany	ing schedules and
Name of Authorized Person			Date	
Peter M. Cosel			May 14, 2024	
Signature of Authorized Person	M. Coul		•	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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