RI SOS Filing Number: 202562942880 Date: 1/21/2025 12:22:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|------------------------------|--|----------------------------|-------------------|----------------------|--|
| 001097507 | Full Keel Marine LLC | | | | |
| 3. NAICS Code 441222 | Brief description of the character of business conducted in Rhode Island Boat Services | | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address | City | | State | Zip | |
| 3 Esmond Ave | No | rth Kingstown | RI | 02852 | |
| 7. Mailing Address of Limite | d Liability Company and Name or Title of Co | entact Person | | | |
| Contact Name Jonathan N | ■ = = · · | Contact Title Member | | | |
| Street Address 3 Esmond Ave | | North Kingstown | State RI | ^{Zip} 02852 | |
| 8. The Resident Agent infor | mation currently of record with the RI Depart | tment of State is accurate | . Changes require | e filing Form 642. | |
| | y, I declare and affirm that I have examine atements contained herein are true and d | | any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| Jonathan Mendes | | | 01/21/2025 | | |
| Signature of Authorized Per | son | | | | |

FILED

JAN 21 2025

BY FSZP

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AA.12:22pm.