

State of Rhode Island Department of State - Business Services Division

FEB 18 2025 BY 10 7109

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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|----------------------------------|---|---|---------------------|----------------------|--|
| 001779562 | SEA LOVER, LLC | | | | |
| 3. NAICS Code 483112 | 4. Brief description of the MARITIME | Brief description of the character of business conducted in Rhode Island MARITIME | | | |
| 5. State of Formation | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 625 THAMES STREET | | NEWPORT | RI | 02840 | |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | | | |
| Contact Name MAURICE CUSICK | | Contact Title ATTORNEY | | | |
| Street Address 625 THAMES STREET | | City NEWPORT | State RI | ^{Zip} 02840 | |
| 8. The Resident Agent info | rmation currently of record with t | he RI Department of State is accura | ate. Changes requir | e filing Form 642. | |
| 9. Under penalty of perju | ry, I declare and affirm that I hat attended to contained herein at | ave examined this report, including true and correct. | ng any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| MAURICE CUSICK | | | 2/13/25 | | |

MAIL TO:

Division of Business Services

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