



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.

FILED

APR 29 2025

BY

*[Signature]*

|                                                                                                                                                                                                                |  |                                                                                                                                              |                          |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>000138248</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>FIREFLY, LLC</b>                                                                        |                          |                     |
| 3. NAICS Code<br><b>532284</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Purchase and operation of sailing vessels of all kinds</b> |                          |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                                                              |                          |                     |
| 6. Principal Office Address<br><b>32 Dumpling Drive</b>                                                                                                                                                        |  | City<br><b>Jamestown</b>                                                                                                                     | State<br><b>RI</b>       | Zip<br><b>02835</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                              |                          |                     |
| Contact Name<br><b>Lucia M. Marshall</b>                                                                                                                                                                       |  | Contact Title<br><b>Member</b>                                                                                                               |                          |                     |
| Street Address<br><b>32 Dumpling Drive</b>                                                                                                                                                                     |  | City<br><b>Jamestown</b>                                                                                                                     | State<br><b>RI</b>       | Zip<br><b>02835</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<br><b>Lucia M. Marshall</b>                                                                                                                                                          |  |                                                                                                                                              | Date<br><b>2/24/2025</b> |                     |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                           |  |                                                                                                                                              |                          |                     |

MAIL TO:

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