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State of Rhode Island

Department of State - Business Services Division

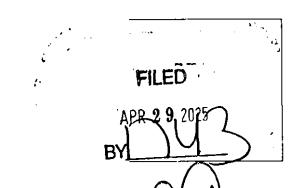
2025

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.



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|--|--|---|-----------------------|----------------------|--|
| 1. Entity ID Number 000175298 | 2. Exact name of the Limited Lin ARGONAUT, LLC | 2. Exact name of the Limited Liability Company ARGONAUT, LLC | | | |
| 3. NAICS Code 532284 | | 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 | | City | State | Zip | |
| Admiral's Gate Tower, 221 Third St., Suite 510 | | Newport | RI | 02840 | |
| 7. Mailing Address of Limite | ed Liability Company and Name or Title | e of Contact Person | | | |
| Contact Name Maura J. Mandrano | | Contact Title Member | | | |
| Street Address 190 Schofield St., Unit 3B | | City City Island | State NY | ^{Zip} 10464 | |
| 8. The Resident Agent info | rmation currently of record with the RI | Department of State is accu | rate. Changes require | filing Form 642. | |
| | ry, I declare and affirm that I have extatements contained herein are true | | ling any accompany | ing schedules and | |
| Name of Authorized Person | | | Date | | |
| Maura J. Mandrano | | | Feb " | 25, 2025 | |
| Signature of Authorized Pe | rson (Maulllo-l- | ·· | | | |

MAIL TO:

Division of Business Services

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

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