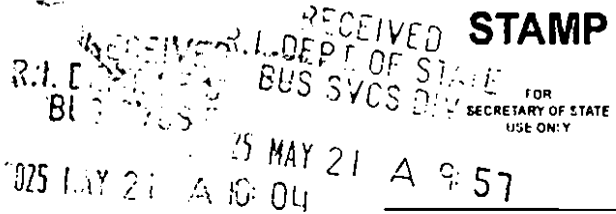




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
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<br><b>001669810</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>91st Street LLC</b>                            |                    |
| 3. NAICS Code<br><b>336612</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Boat building</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                     |                    |
| 6. Principal Office Address<br><b>112 JT Connell Memorial Boulevard</b>                                                                                                                                 |  | City<br><b>Newport</b>                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02840</b>                                                                                 |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                     |                    |
| Contact Name<br><b>James Thompson</b>                                                                                                                                                                   |  | Contact Title<br><b>President</b>                                                                   |                    |
| Street Address<br><b>112 JT Connell Memorial Boulevard</b>                                                                                                                                              |  | City<br><b>Newport</b>                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02840</b>                                                                                 |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                      |  |                                                                                                     |                    |
| 9. 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. |  |                                                                                                     |                    |
| Name of Authorized Person<br><b>James Thompson</b>                                                                                                                                                      |  | Date<br><b>5/19/25</b>                                                                              |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                     |                    |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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MAY 21 2025  
BY NAJ  
EG