



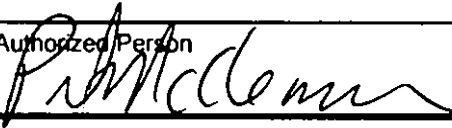
**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:**  
**Limited Liability Company**

2025

- 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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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2025 JUL 10 A 11:22

1. Entity ID Number <b>001676726</b>		2. Exact name of the Limited Liability Company <b>NCW, LLC</b>		
3. NAICS Code <b>423910</b>		4. Brief description of the character of business conducted in Rhode Island <b>Single entity for Management of fleet of boats</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>14 Defenders Row</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Peter McClennen</b>		Contact Title <b>Manager</b>		
Street Address <b>14 Defenders Row</b>		City <b>Newport</b>	State <b>RI</b>	Zip <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 <b>Peter McClennen</b>			Date <b>06/22/2025</b>	
Signature of Authorized Person 				

FILED

JUL 10 2025  
 BY NSE86  
 1128 19

**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)