

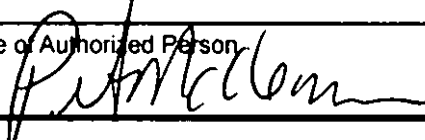


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

RECEIVED
 RI SOS
 DEPT. OF STATE
 JUL 10 AM 11:22

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

FILED

JUL 10 2025
 BY NSE86
1126 128

MAIL TO:

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