RI SOS Filing Number: 202576836920 Date: 7/10/2025 11:24:00 AM

State of Rhode Island

Department of State - Business Services Division

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.

1. Entity ID Number	2 Event name of the Limites	d Liability Company		301	
001676726	NCW, LLC	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 Management of fleet of boats			
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
14 Defenders Row		Newport	RI	02840	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	1		
Contact Name Peter McClennen		Contact Title Manager			
Street Address 14 Defenders Row		City Newport	State RI	^{Zip} 02840	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is acc	L urate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I have tatements contained herein are i		ding any accompany	ring schedules and	
Name of Authorized Person			Date		
Peter McClennen			06/22/2025		
Signature of Authorized Per	leChr	<u>-</u> ,			

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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