

State of Rhode Island

Department of State - Business Services Division

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

2022

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 4. Estimate Alexandra | To good and a second | 111111111111111111111111111111111111111 | | 202 | |
|---------------------------------|--|---|---------------------------------------|----------------------|--|
| 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 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 Limited | d Liability Company and Name or T | itle 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 inform | nation currently of record with the F | RI Department of State is acc | urate. Changes requir | re filing Form 642. | |
| | r, I declare and affirm that I have atements contained herein are tr | | ding any accompan | ying schedules and | |
| Name of Authorized Person | | | Date | Date | |
| Peter McClennen | | | 06/22/2025 | | |
| Signature of Authorized Per | leCh | | · · · · · · · · · · · · · · · · · · · | | |

FILED

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