

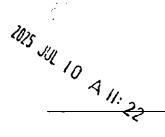
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2021 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 001676726	2. Exact name of the Limited Liability Company NCW, LLC			
3. NAICS Code 423910	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	Liability Company and Name or	Title of Contact Person		I
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.				
	I declare and affirm that I hav tements contained herein are		ding any accompany	ing schedules and
Name of Authorized Person			Date	
Peter McClennen			06/22/2025	
Signature of Authorized Fersi	Nellmin			

FILED

JUL 1 0 2025 BY NS 680 BUS SVCS DIV

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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