Department of State - Business Services Division					n n	
					R.I. 500	
Annual Report for the year: 2016						
Limited Liability Company						
→ Filing period: September 1 - November 1					ن (ا	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					3 000	
7 Charty. Additional \$20.00 fee in form is not filled by December 1.						
1. Entity ID Number	2. Exact name of the Limited Liability Company					
103743	WATERCRUISES OF RI LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
48-49 - Transportation and W	Water transportation					
5. State of Formation	State of Formation					
Rhode Island						
6. Principal Office Address			City	State	Zip	
175 Main Street			Pawtucket	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Robert D. Billingto	on		Contact Title Manager			
Street Address 175 Main Street			City Pawtucket	State Ri	^{Zip} 02860	
8. List ALL managers (names an		f the Limited Liat			MEMBERS	
Manager Name Robert D. Billingt	on		Manager Name Peter Conway			
Street Address 175 Main Street			Street Address 10 Nate Whipple Highway			
City Pawtucket	State RI	^{Zip} 02860	City Cumberland	State RI	^{Zip} 02864	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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				Date	Date	
Robert Billington					016	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:56 FILED

JAN 03 2017

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FORM 632 - Revised: 08/2016