



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001663465

2. Exact Name of the Limited Liability Company GW285, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541490

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OPERATION OF A GRADY WHITE BOAT TO DEMONSTRATE TO PROSPECTIVE CUSTOMERS THE QUALITY OF THE RIDE AND PERFORMANCE TO GARNER MORE BUSINESS FOR A NAVAL ARCHITECTURE FIRM. FURTHER TO DEMONSTRATE THE QUALITIES OF THE YAMAHA OUTBOARDS UNDER AGREEMENT WITH YAMAHA CORP. FURTHER TO USE AS A PLATFORM FOR THE MAKING OF HOW-TO VIDEOS ON SEAMANSHIP.

5. Principal Office Address

No. and Street: 38 ELM STREET
2ND FLOOR
City or Town: NEW BEDFORD State: MA Zip: 02740 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: WINN WILLARD Contact Title: MANAGER
No. and Street: 38 ELM ST.
City or Town: NEW BEDFORD State: MA Zip: 02740 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WINN WILLARD	38 ELM ST. NEW BEDFORD, MA 02740 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JAMES H. HAHN 40 WESTMINSTER STREET SUITE 1100 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of December, 2020 at 1:11:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WINN WILLARD
Signature of Authorized Person

Form No. 632
Revised 09/07

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