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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2022}{}$ **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.

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2023 MAR 23 A 10: 14

1. Entity ID Number 001716803	2. Exact name of the Limited Liability Company S/V Duende, LLC			
3. NAICS Code 336612 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island ENTITY FORMED TO FUND THE BUILDING OF A YACHT FOR PERSONAL USE AND TO EVENTUALLY HOLD TITLE THERETO.			
6 Principal Office Address		City	State	Zip
250 GRANDVIEW DRIVE, SUITE 400		Fort Mitchell	KY	41017
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person		
Contact Name BRANDY RICHEY		Contact Title		
Street Address 250 GRANDVIEW DRIVE SUITE 400		City FT MITCHELL	State KY	Zip 41017
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accura	ate. Changes require	e filing Form 642.
Under penalty of perjury,		examined this report, including		
Name of Authorized Person			Date	
Charles Barmonde			3/17/2023	
Signature of Mathorized Per	son			

MAIL TO:

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

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

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