

No. W 94243	Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FALVEY YACHT INSURANCE, LLC 66 WHITECAP DRIVE NORTH KINGSTOWN RI 02852 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOHN M FALVEY	66 WHITECAP DRIVE	NORTH KINGSTOWN	RI	USA	02852
5. Organized Under the Laws of: RI W 94243		6. Annual Report must be signed.* Signature: John M Falvey Name (type or print): John M Falvey Date: 06/30/2016 Title: Member				
Processed 06/30/2016		* Electronically provided signatures are accepted as original signatures.				