No. <b>W 94243</b>		Due no later than Jun 30, 2018		2. Registered Ag	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FALVEY YACHT INSURANCE, LLC 66 WHITECAP DRIVE NORTH KINGSTOWN RI 02852 USA		1310 S VISTA	INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705  3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Limited Liability Con	npanies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LAURA SHEF	RROD	66 WHITECAP DRIVE	NORTH KINGSTOWN	RI	USA	02852	
MEMBER	SHAWN KUCHARSKI		66 WHITECAP DRIVE	NORTH KINGSTOWN	RI	USA	02852	
MEMBER	JOHN M FALVEY		66 WHITECAP DRIVE	NORTH KINGSTOWN	RI	USA	02852	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
RI		Signature: John M Falvey			Date: 06/27/2018			
W 94243		Name (type or print): John M Falvey			Title: Member			
Processed 06/27/2018	3	* Electronically p	rovided signatures are accepted as original	l signatures.				