

No. W 94243		Due no later than Jun 30, 2014		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 SHEILA SPRINGER 66 WHITECAP DRIVE NORTH KINGSTOWN RI 02852 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA			
				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:		6. Annual Report must be signed.*					
RI W 94243		Signature: Sheila SPRINGER				Date: 05/07/2014	
		Name (type or print): Sheila SPRINGER				Title: Executive Assistant	
Processed 05/07/2014		* Electronically provided signatures are accepted as original signatures.					