RI SOS Filing Number: 200701128070 Date: 10/10/2007 4:00 PM

Office of the Secretary of State — Providence, RI 02903-2615 — 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	2. Exact name of the limited liability company
119998	SeaWave LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	MARINE COMMUNICATIONS

5. Principal office address: 76 HAMMARLUND WAY | City: MIDDLETOWN | State: RI | Zip: 02842

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: RHONDA LANDERS | Contact Title: CFO, VP BUSINESS DEVELOPMENT

Street Address: 76 HAMMARLUND WAY | City: MIDDLETOWN | State: RI | Zip: 02842

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS

FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
RICHAID CONDON	C/O SEAWAVE LLC	MIDDLETOWN	RI	02947
THOMAS GRIEG	C/O SEAWAVE LLC			
MICHAEL STAKIAS	C/O SEAWAVE LLC			
ANDREW REGAN	C/O SEAWAVE LLC			

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

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted]

FILED
OCT 10 2007
By 239000

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

R Landers — 10/1/2007
Signature of Authorized Person — *Date*

RHONDA LANDERS
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

14467-1-1883191

Form 632 Rev. 07/07