

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. 119998		2. Exact name of the limited liability company SeaWave LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island 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) <input type="checkbox"/>			
Manager Name RICHARD CONDON		Manager Name THOMAS GIEG	
Street Address C/O SEAWAVE LLC		Street Address C/O SEAWAVE LLC	
City MIDDLETOWN	State RI	City	State
Zip 02847		Zip	
Manager Name MICHAEL STAKIAS		Manager Name ANDREW REGAN	
Street Address C/O SEAWAVE LLC		Street Address C/O SEAWAVE LLC	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

FILED
OCT 10 2007
By **[Signature]** 39000

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.

[Signature] **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

OCT 10 2007