

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

148 w. Kwer Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

R 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. 144347	2. Exact name of the limited Southshore Marine Co		LC					
3. State of Formation RHODE ISLAND	4. Brief descriptio TO FABRICA	n of the character of the TE AND INSTALL C	bustness which is actually conducted in ANVAS ON BOATS	Rhode Island				
5. Principal office address /// CAWTER DURY R.C. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			WAKERE OF THE OF CONT	d State RI	02879			
Contact Name FRAU &	Dobsow J	_	Contact Title しいしてハ					
Street Address	ne		City	State	Zip			
7. NAME AND AD Manager Name	DRESS OF EACH MANAC FILL IN S	GER OF THE LIMIT PACES BEFORE US	ED LIABILITY COMPANY, IF A SING ATTACHMENTS ("X" BO Manager Name	APPLICABLE - <u>DO NO</u> X FOR ATTACHMENT) [T LIST MEMBERS			
Street Address								
sirca Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name		«*************************************	Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zψ			
8. RESIDENT AGE Agent Name FRANK DOBSON, J		DO NOT ALTER -	Changes require filing of Fo	 rm 642 - R.I.G.L. 7-16-:	1 11			
Address 111 CANTERBURY ROAD			City WAKEFIELD		Zip 02879-			
			WARLILLU		UZ8/9-			

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

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Check No	1 I has been been	ř -	To the second se	
	SEP 1 8 2007		<u> </u>	_
By:	24		<u> </u>	_

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 of Authorized Person

Date

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TO DOSON

TO

Print or Type Name of Authorized Person