



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
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. 144135		2. Exact name of the limited liability company Northeast Marine Canvas Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING, SEWING, UPHOLSTRY FRAMEWORK FOR MARINE VESSELS.			
5. Principal office address 28 Blanchard Place		City Wakefield	State Rhode Island	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Heidi Smith		Contact Title Manager			
Street Address 28 Blanchard Place		City Wakefield	State Rhode Island	Zip 02879	
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 Heidi Smith		Manager Name			
Street Address 28 Blanchard Place		Street Address			
City Wakefield	State Rhode Island	Zip 02879	City	State	Zip
Manager Name Roger Scott Smith		Manager Name			
Street Address 28 Blanchard Place		Street Address			
City Wakefield	State Rhode Island	Zip 02879	City	State	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 DEBRA L. CHERNICK		Address			
Address 343 C MAIN STREET		City WAKEFIELD	Zip 02879-		

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

File Date	<u>10-12-07</u>
Check No.	<u>7383</u>
By:	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Heidi Smith 10/10/07
Signature of Authorized Person Date
Heidi Smith
Print or Type Name of Authorized Person