RI SOS Filing Number: 200702679210 Date: 10/15/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, *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***

1. ID No.	2. Exact name of the limited liability company		
151283	CARMED, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	**MARINE HARDWARE**		
5. Principal office address	City	State	Zip
5 WILD ROSE DRIVE	TIVERTON	RI	02878

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

Contact Name	Contact Title		
CARLOS A. MEDEIROS	MEMBER		
Street Address	City	State	Zip
5 WILD ROSE DRIVE	TIVERTON	RI	02878

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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
CARLOS A. MEDEIROS					
Street Address			Street Address		
5 WILD ROSE DRIVE					
City	State	Zip	City	State	Zip
TIVERTON	RI	02878			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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	Address	
JOHN G. REGO, ESQ.		
Address	City	Zip
443 HOPE STREET	BRISTOL, RI	02809

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

151283

FILED
File Date OCT 15 2007
Check No. By 13902
By:
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.

Signature of Authorized Person *Date* 10/04/07

CARLOS A. MEDEIROS, MEMBER/MANAGER
Print or Type Name of Authorized Person

15876-30-196164

Form 632 Rev. 12/05