RI SOS Filing Number: 200702884380 Date: 10/23/2007 4:00 PM

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.	2. Exact name of the limited liability company
152719	AQUATIC NETWORK, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	E-COMMERCE FOR AQUATIC-RELATED PRODUCTS & SERVICES

5. Principal office address	City	State	Zip
135 AUBURN DR	CHARLESTOWN	RI	02813

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

Contact Name	Contact Title
JOHN HACUNDA	

Street Address	City	State	Zip
135 AUBURN DR	CHARLESTOWN	RI	02813

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
~~JOHN HACUNDA~~	~~135 AUBURN DR~~	~~CHARLESTOWN~~	~~RI~~	~~02813~~

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
JOHN HACUNDA	135 AUBURN DRIVE	CHARLESTOWN	02813-

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

[redacted] [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.

John Hacunda 10/6/07
Signature of Authorized Person *Date*

[redacted]

JOHN HACUNDA
Print or Type Name of Authorized Person

FILED
File Date OCT 23 2007
Check No.
By: By

16160-50-197718
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07