

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.

11.1.G.L. 7-10-00 (Date N)							
1. ID No.	l	name of the limited liability company					
125529	но ма	rine Electrical Services, LLC					
3. State of Formation 4. Brief description of the character of the business while			ch is actually conducted in Rhod	de Island			
RHODE ISLAND MARINE ELECTRICAL SERVICES							
5. Principal office address				City	State	Zip	
18B Homer St				Newport	RI	02800	
6. MAILING ADDRESS Contact Name	55 OF LI	MITED LIABILITY	COMPANY AND NAME	OR THER OF CONTACT	PERSON	STATE OF THE STATE	
a				Contact Title			
William & Hurrey				Owner			
Street Address		•		City	State	Zip	
180 Hbr	ren	54	e acti 155 metionalis de la receptor	NPT	PI	05856	
7. NAME AND ADDE	ress of	EACH MANAGER O	f th <mark>e limite</mark> d liabi	UTTY COMPANY, IP APP	LICABLE - <u>DO N</u>	OT LIST MEMBERS	
1 (804)		FILL IN SPACE	S BEFORE USING ATTA	CHURKES ("X" BOX FO	OR ATTACHMENT)		
Manager Name				Manager Name			
				• • •			
Street Address				Street Address			
				•			
City		State	Zip	City	State	Zip	
				7 8 6			
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
				•			
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes				1	642 - R.I.G.L. 7-1	6-11	
Agent Name				Address			
WILLIAM HURNEY							
Address			City Zip		Zip		
18 B HOMER STREET			NEWPORT		02840-		
		••					

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

		Under penalty of perjury, I declare and affirm that I have examined this report,
File Date	FILED	including any accomponying schedules and statements, and that all statements, contained herein and true and content.
Check No.	OCT 2 9 2007	///////////////////////////////////////
Ву:	By 1406	Signature of Authorited Person Date
FOR S	SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person