

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

ovidence, 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							
149081	l	s Point Fish Company, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island	de Island to engage in fishing activities, including, but not limited to, capture of all types of fish and sale of same by r				same by retail			
5. Principal office address				City	State		Zip	
99 West Beach Road				Charlestown	RI		02813	
6. MAILING ADDRE Contact Name	SS OF LI	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Stephen M. Peet			Manager					
Street Address				City	State		Zip	
99 West Beach Ro	ad			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 Stephen M. Peet				Manager Name None				
Street Address 99 West Beach Road			Street Address					
City Charlestown		State RI	<sup>Zip</sup> 02813	City	State		Zip	
Manager Name None			Manager Name None					
Street Address			Street Address					
City		State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name Adler Pollock & Sheehan P.C.			require filing of Form 642 - R.I.G.L. 7-16-11  Address					
Address				City Zip				
One Citizens Plaza, 8th Floor			Providence 02903					

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

14908	

File Date	FILED			
Check No.	OCT 2 9 2007			
Ву:	By\\\_			
FOR	SECRETARY OF STATE USE ONLY			

Jnder penalty of	f perjury	I declare and a	ffirm that I have	e exam	ined thi	s report
neluding any ac	<b>g</b> ompan	ying schedules a	nd statements,	and tha	it all stat	ements
ontained hereif	are tru	and correct.				
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Signature of Authorized Person

Stephén M. Peet

Print or Type Name of Authorized Person